A PRELIMINARY COURSE OF HOME NURSING

LIBRARY
General Collections
P
5315
22502902623

A PRELIMINARY COURSE

OF

HOME NURSING

PUBLISHED BY THE

ST. JOHN AMBULANCE ASSOCIATION

(and based on the 7th Edition of the authorized textbook, *Home Nursing*)

THIRD EDITION

FIRST IMPRESSION - 1945 - 25,000
SECOND „ - 1946 - 20,000
THIRD „ - 1947 - 30,000

Price 1/- net; by post 1/1½

LONDON
THE ST. JOHN AMBULANCE ASSOCIATION
ST. JOHN'S GATE, CLERKENWELL, E.C.1

COPYRIGHT

Printed by
PETTY & SONS LTD., LEEDS & LONDON

CONTENTS

PAGE

INTRODUCTION 3

SYLLABUS 4

LIST OF ILLUSTRATIONS 5

CHAPTER

I.—THE HOME NURSE 6

II.—THE STRUCTURE AND FUNCTIONS OF THE BODY 9

III.—BANDAGES 15

IV.—THE SICK-ROOM 39

V.—THE BED 47

VI.—OBSERVATION OF THE SICK 69

VII.—DAILY ROUTINE 76

VIII.—FOOD 80

IX.—METHODS OF TREATMENT 86

X.—INFECTIOUS DISEASES 95

X1.—APPENDIX 97

INTRODUCTION

The St. John Ambulance Association was founded in 1877 by the Venerable Order of St. John, and has since instructed vast numbers in the principles and practices of First Aid and Home Nursing and other kindred subjects.

This simple Manual, which was first published by the St. John Ambulance Association in 1923 (now revised in accordance with the 7th Edition of the adult Home Nursing textbook), was originally compiled for juveniles under sixteen years of age. But, as it is based on the adult textbook of the Association and contains essential details of nursing, adults have found it a useful preliminary to the acquisition of a more comprehensive knowledge of the subject later.

To those who pass the qualifying examination a Preliminary Certificate in Home Nursing will be issued. This Certificate will not be accepted as part qualification for full membership of a Nursing Division of the St. John Ambulance Brigade, but it will count as part qualification for membership of a Cadet Nursing Division.

SYLLABUS

Scope of Home Nursing, Qualities of a Nurse, Advice to Nurses.

Structure and Functions of the Body; The Skeleton, Muscles, Skin, How Life is Maintained, Circulation of the Blood; Breathing.

Roller Bandaging.

The Sick-room; Choice, Preparation, Cleaning, Ventilation and Heating.

The Bed; Bed-making; Changing Sheets; Aids to Comfort in Bed.

Observation of the Sick; Temperature, Pulse, Respiration, Bed-sores.

Daily Routine; Washing Patient; Doctor's Visit.

Food; Storage and Serving of Food; Cooking; Recipes.

Methods of Treatment; Removing the Cause, Promoting Favourable Conditions, Rest, Aiding Nature's Efforts, Medicines, External Applications—cold, heat, counter-irritants.

Infectious Diseases.

LIST OF ILLUSTRATIONS

FIGURE		PAGE
1.	—The Skeleton	9
2.	—Organs of the Chest and Abdomen (Front view)	10
3.	— ,, ,, ,, ,, ,, (Back view)	10
4.	—Circulation of the Blood	12
5.	—Roller Bandage Machine	15
6.	—Roller Bandage showing (1) Head and (2) Free End	16
7- 9.	—Capeline Bandage for the Head	20
10–11.	—Ear Bandage	21
12–13.	—Eye Bandage	22
14.	—Simple Spiral for the Fingers	23
15–17.	—Recurrent Bandage for the Finger	24
18–19.	—Spica for the Thumb	25
20–21.	—Bandage for the Hand	26
22–23.	—Reverse Spiral for the Forearm	27
24–25.	—Figure of 8 Bandage for Elbow, Knee and Ankle	28
26–27.	—Spica for the Shoulder	28
28–29.	—Bandage for the Breast	29
30–31.	—Bandage for both Breasts	30
32–33.	—Spica for Groin or Hip	31
34–35.	—Bandage for the Foot	32
36.	—Figure of 8 Bandage for the Leg	32
37–38.	—Bandage for a Broken Collar-bone	33
39.	—Bandage for the Jaw	34
40–42.	—Barrel Bandage for the Jaw	35
43.	—Many-tailed Bandage	36
44.	—Many-tailed Bandage (how made)	36
45.	—"T" Bandage	37
46.	—Many-tailed Abdominal Binder	38
47.	—Plan of a Sick-room	40
48.	—Room Thermometer	42
49.	—Window Ventilation	44
50–55.	—"Envelope" Corners for Sheet and Blanket	50
56.	—Method of Changing Undersheet	53
57.	—Bed-Rest	61
58–59.	—Improvised Bed-Rests	62, 63
60.	—Knee Pillow (and Bed-Rest)	64
61.	—Bed-Cradle	65
62.	—Improvised Bed-Cradle	65
63–65.	—Bed-Tables	66, 67, 68
66.	—Clinical Thermometer	69
67.	—Daily Chart	72
68.	—Bed-Pan (Perfection)	76
69.	— ,, (Slipper)	76
70.	—Feeding Cup	84
71.	—Ideal Feeder	84
72–73.	—Measure Glass	87
74.	—Ice-Bag	89
75.	—Bath Thermometer	90

PRELIMINARY COURSE OF HOME NURSING

CHAPTER I

THE HOME NURSE

SCOPE OF HOME NURSING

Home Nursing is the care of patients in their own homes under the supervision of a doctor. When a person is ill the doctor diagnoses the condition and lays down the plan of treatment, and it is the duty of the Nurse to carry out this treatment. The Home Nurse must promptly and intelligently perform the duties allotted to her by the doctor and report accurately to him upon the patient's condition.

QUALITIES ESSENTIAL IN A NURSE

Gentleness, good temper and **willingness** are essential qualities if the Nurse is to be of the greatest assistance to her patient. In addition, she should be **reliable** in carrying out instructions, **conscientious** in the performance of her duties, and **observant.** She must be **loyal** to the doctor by neither saying nor

doing anything which would tend to undermine the confidence of the patient or relatives, with both of whom she should exercise **tact** and **sympathy.**

ADVICE TO NURSES

It is important that the Nurse maintains her own health, without which her usefulness is limited. **Rest** and **recreation** in the fresh air are essential, and she must pay great attention to personal cleanliness. If possible a warm bath should be taken each day, and the teeth should be cleaned night and morning. Special attention should be paid to the hands; the nails should be kept short, clean and untinted, and she should wash her hands thoroughly before and after attending to a patient and before touching food. The hands should be examined for cuts or cracks, which, if present, should be protected by a simple adhesive dressing. The hair, which is a carrier of infection, should be brushed night and morning, and washed at regular frequent intervals.

Clothing should be light, washable and simply made: a white overall and cap are suitable. Shoes should be comfortable with heels of a reasonable height (neither too high nor too low since both can be tiring). Stockings should be changed frequently, and only those of a serviceable weight and colour should be worn.

Faults to Avoid

Noisiness. Creaking shoes, clattering heels, the slamming of doors, and rattling of crockery and mending the fire noisily are all sources of worry to a patient.

Ostentatious quietness may be equally annoying to a patient; a low, audible tone of voice is preferable to whispering.

Fussiness. Pronounced hurry, continual shifting of pillows or bedclothes and constant inquiries as to a patient's comfort are liable to irritate him.

CHAPTER II

STRUCTURE AND FUNCTIONS OF THE BODY

It is necessary that those wishing to learn the art of nursing should know something of the structure (anatomy) and working (physiology) of the human body.

The Skeleton. The body is supported upon a bony framework—the skeleton.

The skeleton serves (1) to give shape and firmness to the body, (2) to give attachment to the muscles, and (3) to protect the internal organs (*see Figs.* 2 and 3) from injury.

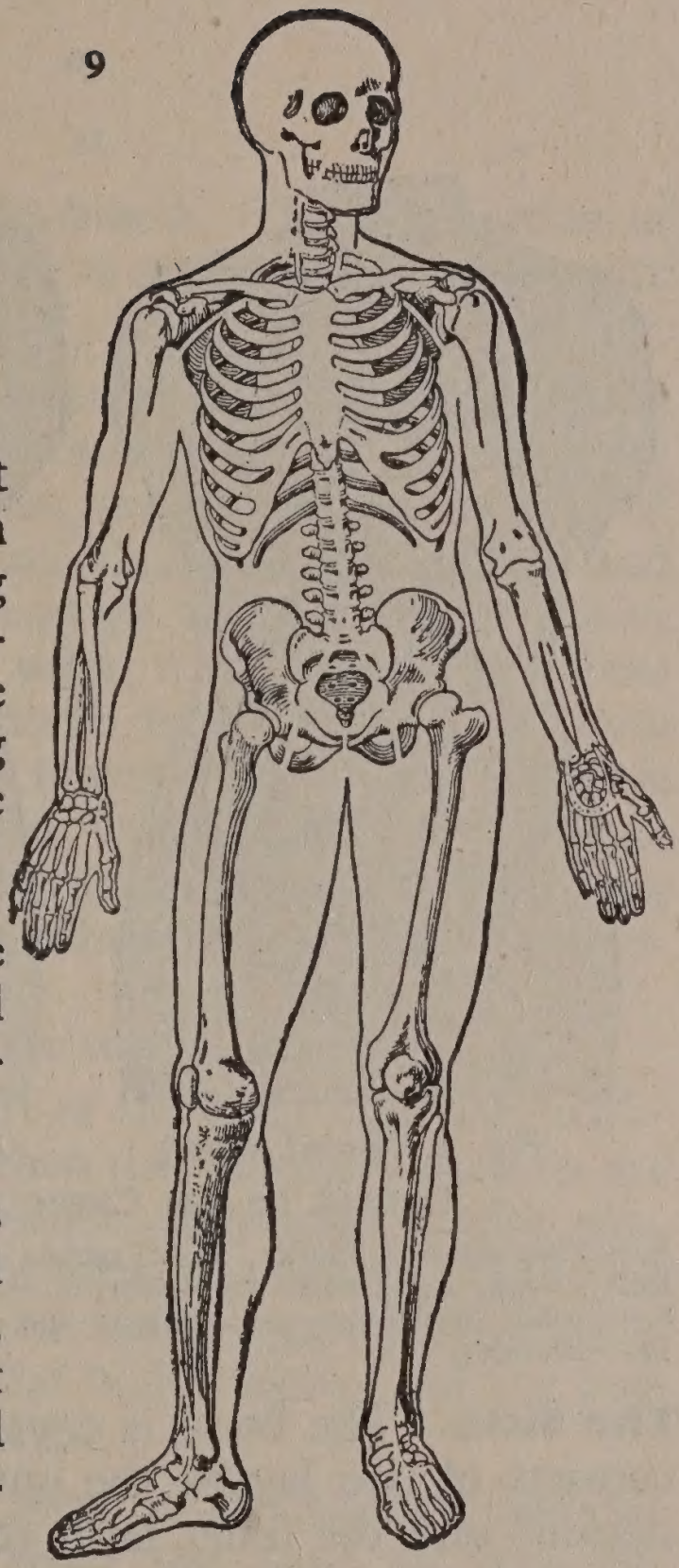

Fig. 1.—THE SKELETON.

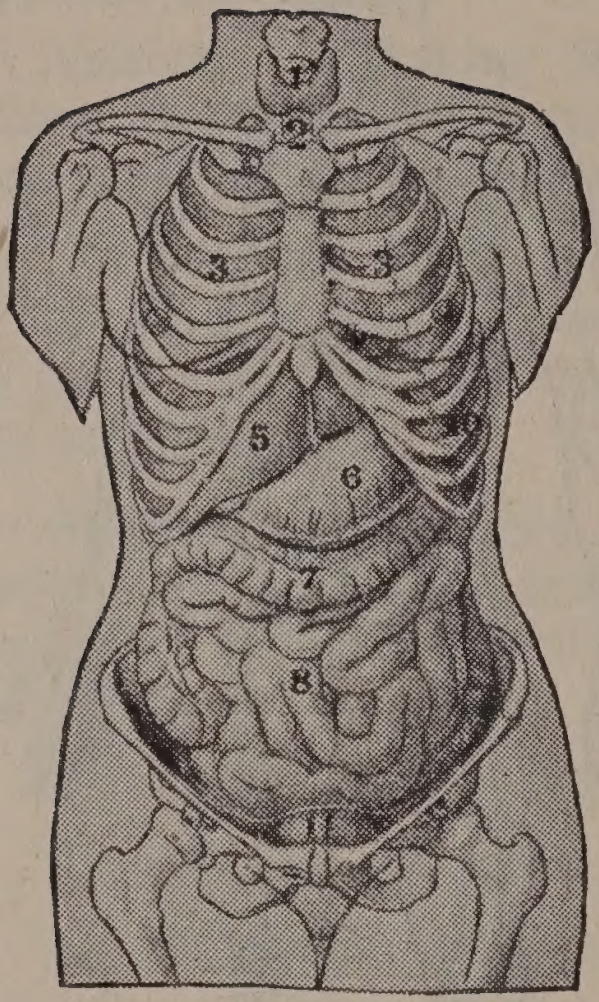

Fig. 2. (Front view.)

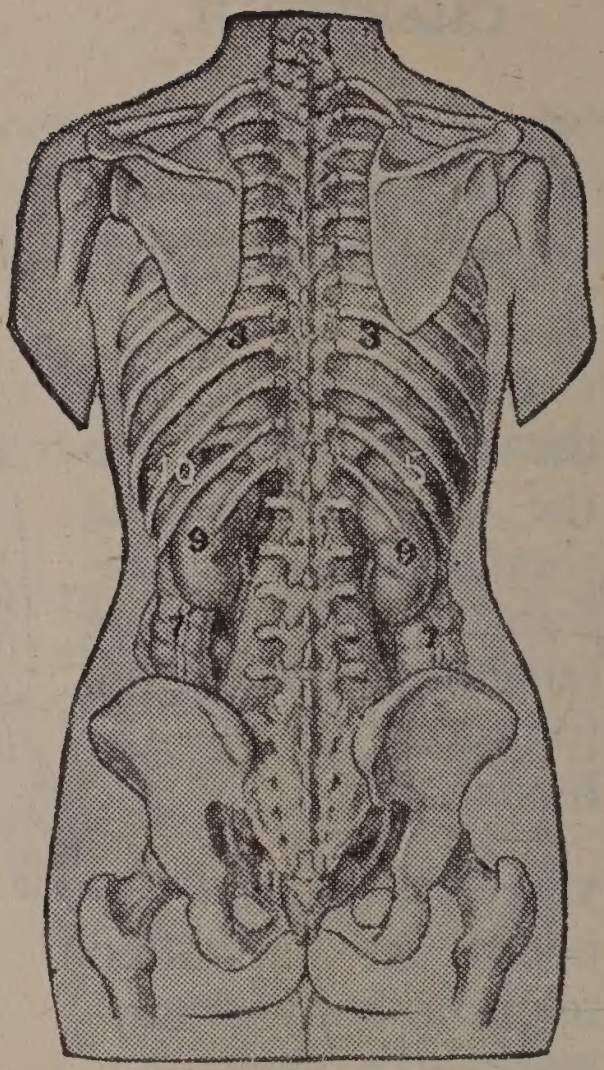

Fig. 3. (Back view.)

ORGANS OF THE CHEST AND ABDOMEN.

1.—Œsophagus or Gullet. 2.—Trachea or Windpipe. 3-3.—Right and Left Lungs. 4.—Heart. 5.—Liver. 6.—Stomach. 7.—Large Intestine. 8.—Small Intestine. 9-9.—Right and Left Kidneys. 10.—Spleen. 11.—Bladder.

The Skin. The body is covered by the skin which consists of two layers, the outer or hard layer (epidermis) and the inner layer (dermis). In the latter are glands which secrete "sweat" consisting of water

and impurities from the blood. The evaporation of sweat from the skin helps to regulate the temperature of the body (*see p.* 69.).

Muscles. These are the flesh of the body, and consist of red fibres ending in white tendons. The muscles are attached to the bones, and it is by their power of contracting (i.e., getting shorter and thicker) and relaxing that our movements of the body are made. To cause a muscle to work, a message is sent from the brain along the nerve to the muscle. Those muscles by which the movements of the body are made are called voluntary muscles, while the muscles of the heart, and of the organs of digestion, which are not under the control of the will, are called involuntary muscles.

HOW LIFE IS MAINTAINED

During life some part of the body is always working, either obviously when the voluntary muscles are in action as in manual labour, physical exercise, etc., or less obviously as in mental activity, respiration and digestion. This work causes a giving off of heat, and wear and tear of the body tissues, and the production of waste material.

The body, therefore, requires fuel and new material. These are obtained from the food we eat—fats (e.g., cream and butter) and starches (e.g., bread and potatoes) provide the fuel; and foods such as meat,

beans and cheese make good the wear and tear. Foods are digested in the mouth, stomach and bowels, and are changed so that they can easily be absorbed by the blood.

Oxygen, too, is necessary to support life, and is obtained from the air we breathe and is absorbed in the lungs.

The waste products are removed through the skin, the lungs, kidneys and bowels.

The great carrier is the blood, which conveys the fresh supplies of oxygen and nourishment to the whole of the body, and also the waste products to the organs of excretion.

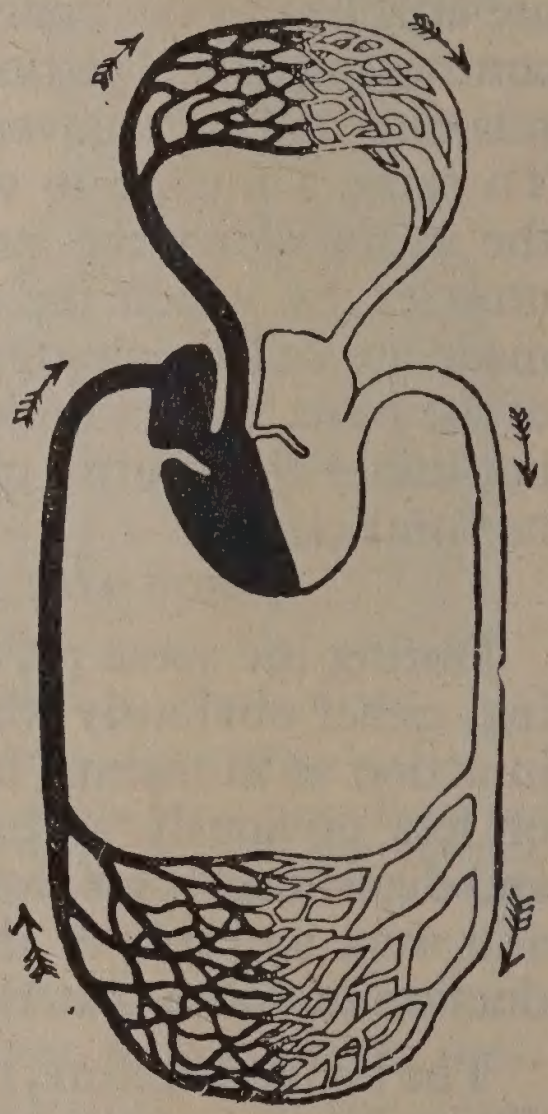

Fig. 4.

THE CIRCULATION OF THE BLOOD.

THE CIRCULATION OF THE BLOOD

This is carried out by the heart and blood vessels. The heart is situated in the chest slightly to the left, and is divided by a partition into the right and left sides, each of which has two cavities, an upper and a lower.

The heart alternately contracts and expands about 60-80 times per minute, by which means blood constantly enters it and is forced from it to all parts of the body through blood vessels called arteries. This causes the pulse, which may most easily be felt at the front of the wrist on the thumb side . (*See* page 73.)

The blood leaves the lower left cavity (the left ventricle) of the heart by the main artery (the Aorta), which divides into smaller arteries which, in turn, subdivide into smaller branches called capillaries, so small as to be invisible to the naked eye (a prick with a needle would pierce several of them). It is through the walls of the capillaries that oxygen and nourishment reach the tissues of the body and the waste matter reaches the blood-stream, which then flows through the capillaries, which unite to become veins, back to the right upper cavity (the right auricle) of the heart. This is the first portion of the circulation, and is called the Systemic circulation.

From the right upper cavity of the heart the blood flows into the right lower cavity (the right ventricle), and is thence carried to the lungs, where it is purified

and conveyed back to the upper left cavity (left auricle) and thence to the lower left cavity, thus completing the round of the circulation. This second portion of the circulation is called the Pulmonary circulation.

Breathing (**Respiration**) is performed by the lungs which are two masses of spongy tissue situated in the chest. When the chest is expanded, air is breathed in (Inspiration), and in the lungs comes into contact with the impure blood from which it takes up carbonic acid gas, watery vapour and heat, and replaces them with oxygen. When the chest contracts, the impure air is driven out (Expiration). In health 15 to 20 breaths are taken per minute.

All these movements and functions of the body are regulated and controlled by two systems of Nerves —the Cerebro-spinal and the Sympathetic.

CHAPTER III

BANDAGES

TRIANGULAR BANDAGES

Triangular Bandages and their uses are dealt with fully in the First Aid textbook.

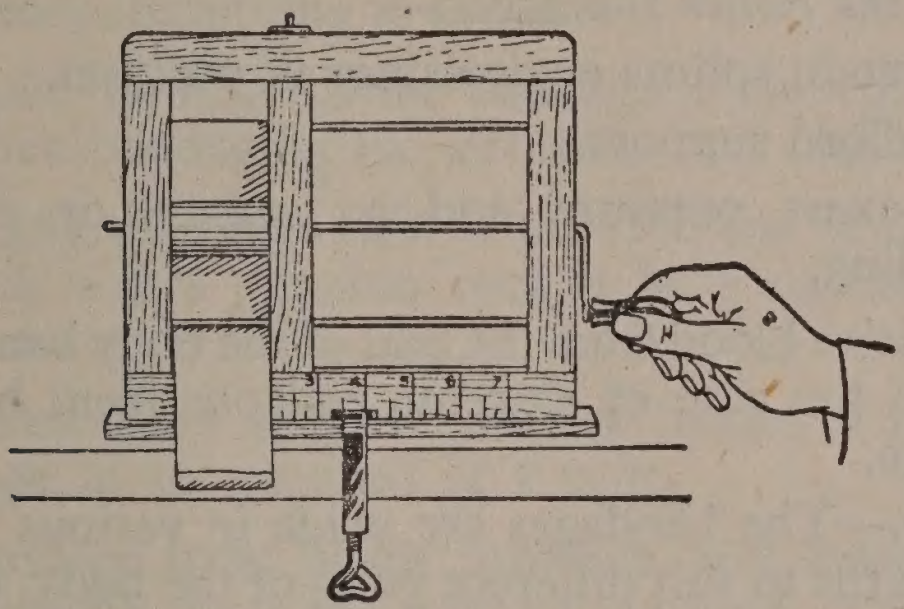

Fig. 5.—ROLLER BANDAGE MACHINE.

ROLLER BANDAGES

Roller Bandages are made of muslin, calico, dom-ette, flannel, crepe, or any other suitable material, and may be rolled by hand or by means of a machine (*Fig.* 5), but in either case the roll must be tight and even. When a bandage is partly unrolled, the roll is called the head and the unrolled part the free end (*Fig.* 6).

Fig. 6.—ROLLER BANDAGE SHOWING (1) HEAD, AND (2) FREE END.

Uses of the Roller Bandage :—

1. To retain splints or dressings in position.
2. To afford support.
3. To exert pressure and so reduce or prevent swelling.
4. To drive blood from the part of the body bandaged, as in the case of extreme collapse from hæmorrhage.

Sizes.—The bandages are made in various widths and lengths to suit different parts of the body, e.g. :—

	Width	*Length*
For the head ..	2 or 2½ ins. ..	3 to 6 yds.
For the upper limbs	2½ ins.	3 to 6 yds.
For the lower limbs	3 ins.	6 yds.
For the trunk ..	4 to 6 ins. ..	6 yds. or more
For the fingers ..	1 in.	1 yd.

GENERAL RULES FOR APPLICATION

No matter what is the actual position of a person, for purposes of description the body is supposed to

be erect with the arms hanging by the side and the palms of the hands directed forwards.

1. Stand or sit opposite the patient.
2. In the case of a limb, place it in the position in which it is to be kept when bandaged.
3. See that the bandage is tightly and evenly rolled before attempting to use it.
4. Hold the head of the bandage in the right hand when bandaging the left limb, and vice versa.
5. Apply the outer side of the free end to the part, and, where possible, lock it by a superimposed turn.
6. Never allow more than a few inches of the bandage to be unrolled at a time.
7. Bandage from below upwards, and from within outwards, over the front of the limb.
8. Apply each layer of the bandage so that it covers two-thirds of the preceding one.
9. Apply the bandage firmly and evenly, but not tightly enough to stop the circulation. If the edges turn up on passing the hand over them, the bandage is too loose. If, after the bandage is taken off, red lines are seen, it has not been evenly applied.

10. When finished, fix the bandage securely with a safety pin or by other suitable methods.

METHOD OF APPLICATION

There are four principal methods of applying the roller bandage:—

1. **The Simple Spiral,** which should only be used when the part to be bandaged is of uniform thickness, as, for instance, the finger (*see Fig.* 14) or wrist and a short portion of the forearm above it. The bandage is carried round in a spiral direction; straight circular turns must be avoided because they interfere with the circulation.

2. **The Reverse Spiral,** which is made by a number of spiral turns in which the bandage is reversed downwards upon itself at each circuit of the limb. This is used in bandaging parts of the limbs where, owing to their varying thickness, it is impossible to make a simple spiral lie properly. (*See Figs.* 22 and 23.)

3. **The Figure of 8,** which is applied by passing the bandage obliquely round the limb, alternately upwards and downwards, the loops resembling the figure 8. It is used for bandaging at or in the neighbourhood of a joint such as the knee or elbow. (*See*

Figs. 24 and 25.) It may also be used instead of a reverse spiral for a limb.

4. **The Spica,** which is a modified figure of 8 used for bandaging the shoulder, groin or thumb. (*See Figs.* 32 and 33.)

When the methods of bandaging are understood, no difficulty should arise in covering any part of the body. The points to which attention should be directed are evenness and firmness of application rather than a completed bandage corresponding exactly with the illustration. It will, in fact, be found that differently shaped limbs require slight modifications of the bandage.

APPLICATION TO VARIOUS PARTS

Capeline Bandage for Head. Take two 2½-inch bandages and join the free ends. Standing behind the patient, who should be seated, apply the join to the middle of the forehead just above the eyebrows, heads of the bandages inwards. The bandage in the right hand is called the vertical bandage, and that in the left hand is called the horizontal bandage. Bring both rolls to the back of the head and cross them (*Fig.* 7). Carry the vertical bandage forward over the head, and the horizontal bandage round the head and over the vertical bandage in front.

(*Fig.* 8 shows the vertical bandage carried twice forwards and once backwards.) Continue to pass the vertical bandage backwards and forwards, each time a little to the left and right alternately, locking it with the horizontal bandage. Finally, pass the horizontal bandage twice round the head, and pin in front (*Fig.* 9).

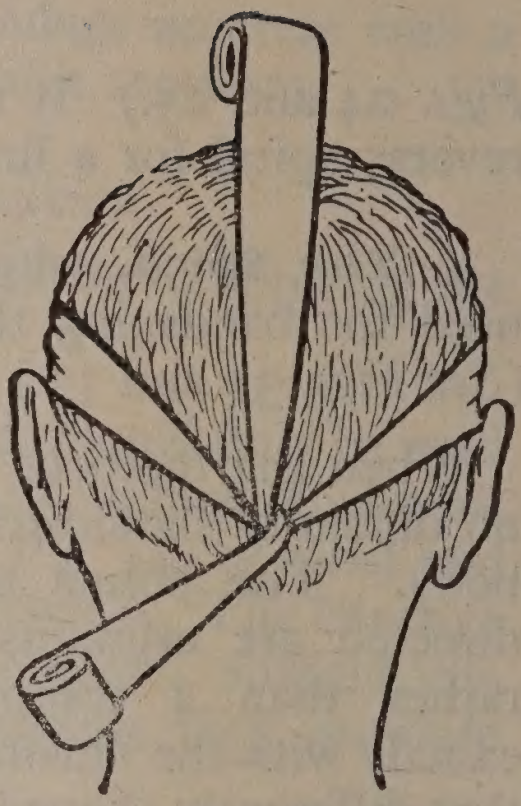

Fig. 7.

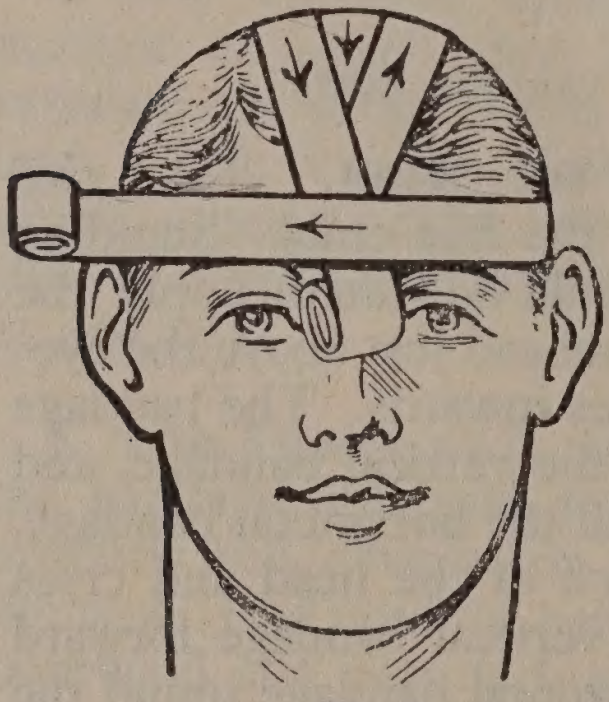

Fig. 8.

Fig. 9.

Figs. 7-9.—CAPELINE BANDAGE FOR THE HEAD.

Fig. 10.

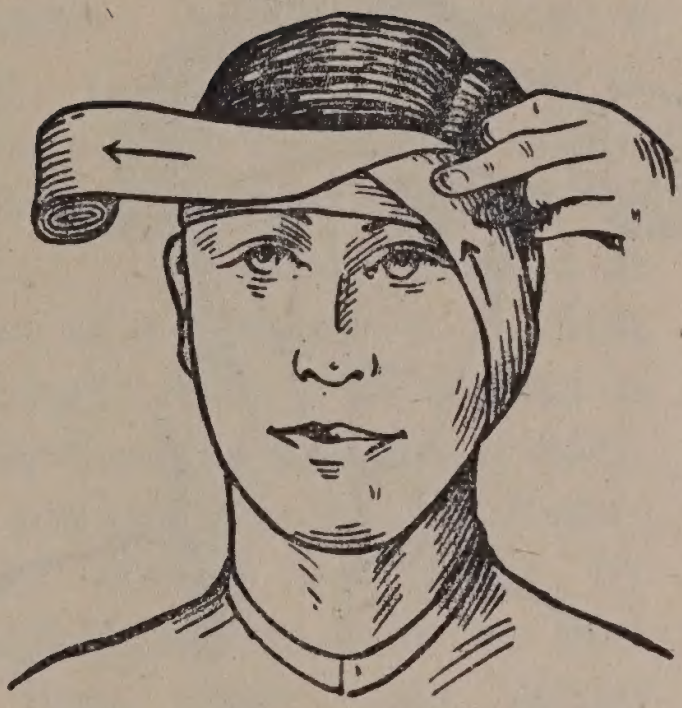

Fig. 11.

EAR BANDAGE.

Bandage for the Ear. (*See Figs.* 10 and 11.) Width of bandage 2½ inches. This is a useful bandage for holding a dressing about the ear. Place the free end of the bandage over the affected ear, and carry it horizontally across the forehead, carry it back to the starting point, round to the opposite ear and obliquely down across the back of the head, covering the lowest part of the dressing. Carry on up to the horizontal turn and make a reverse. Repeat these horizontal and oblique reverse turns until the dressing is covered and finish by pinning in front.

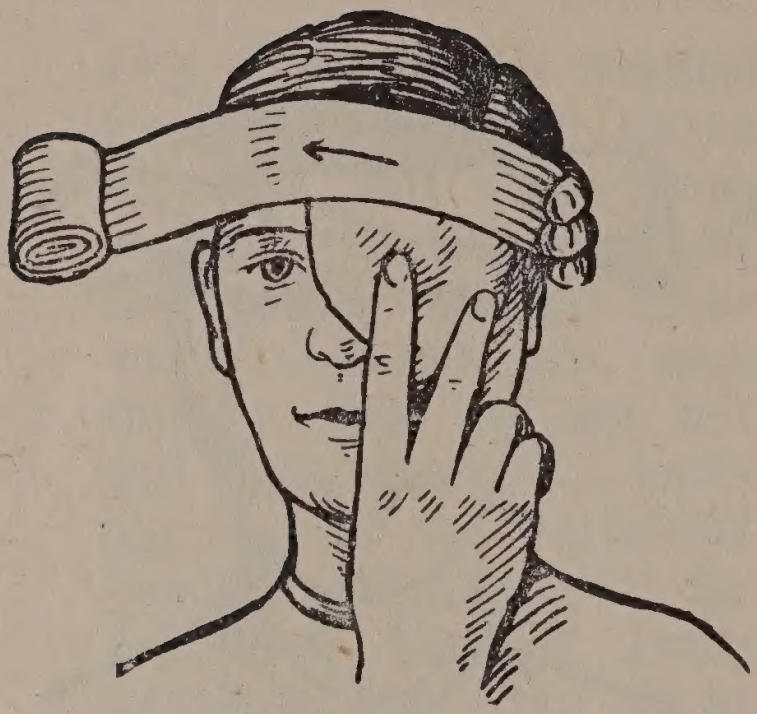

Fig. 12.

Fig. 13.

Figs. 12-13.—EYE BANDAGE.

Bandage for the Eye. (*See Figs.* 12 and 13.) Width of bandage $2\frac{1}{2}$ inches. This is a useful bandage for holding a dressing on the eye. Place the free end of the bandage above the ear on the same side as the injured eye, and take a horizontal turn round the head. Return to the starting point, continue to the opposite ear, obliquely across the back of the head, under the ear on the injured side, and obliquely across the eye. Repeat these turns alternately until the dressing is covered. Finish by pinning on a horizontal turn.

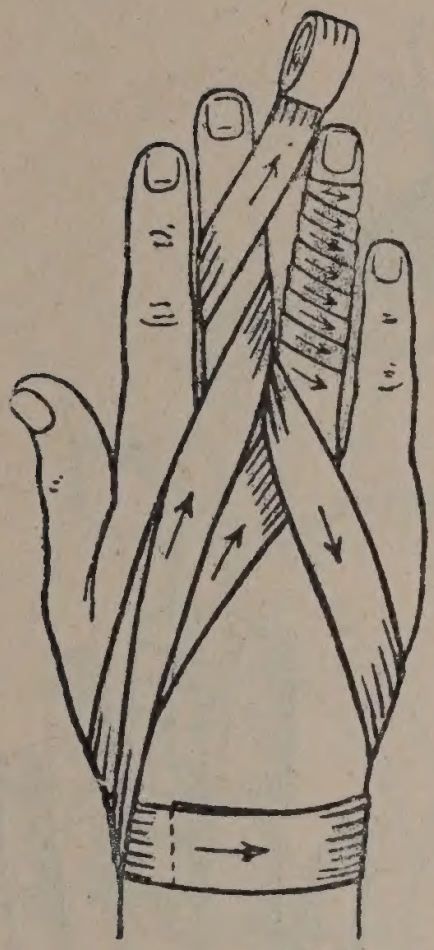

Fig. 14.—SIMPLE SPIRAL FOR THE FINGERS.

Simple Spiral for the Fingers. Width of bandage 1 inch. *Course :* From inner to outer side of front of wrist, a sufficient length being left for tying; across back of hand to inner side of finger to be first bandaged (taking the fingers in order from the little finger side). by one spiral to root of finger-nail; round the finger by simple spirals; hence to root of little finger and round wrist, continuing to the next finger, if necessary. When completed, tie to free end left for the purpose. (*Fig.* 14.)

Recurrent Bandage for the Finger. (*See Figs.* 15, 16 and 17.) Width of bandage 1 inch. This bandage may be used to hold a dressing at the tip of the finger. Take one bandage once over the middle of the tip of the finger, holding it on each side. Again, make two more turns over the tip, one on each side of the middle. Apply a spiral from the top as far as

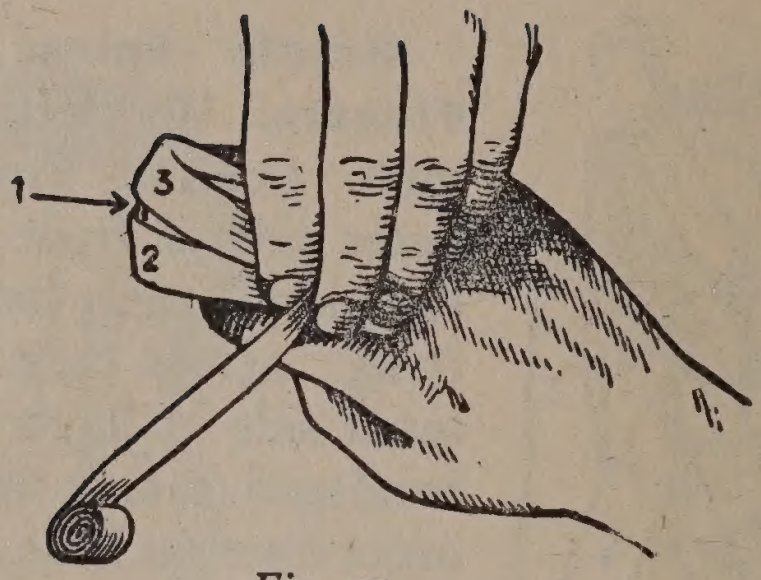

Fig. 15.

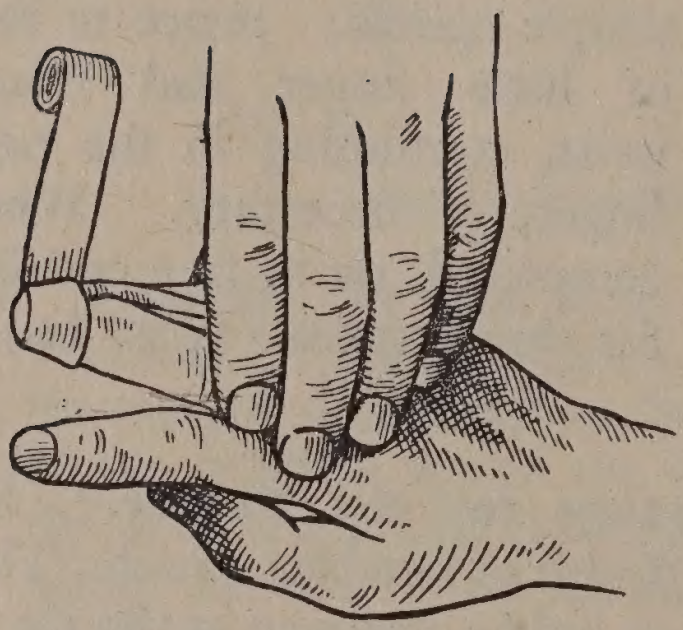

Fig. 16.

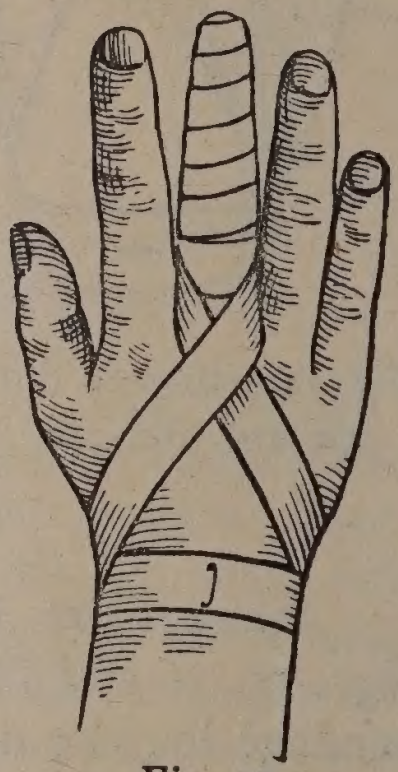

Fig. 17.

Figs. 15-17.—RECURRENT BANDAGE FOR THE FINGERS.

necessary down the finger. Finish off with a figure of 8 round the wrist.

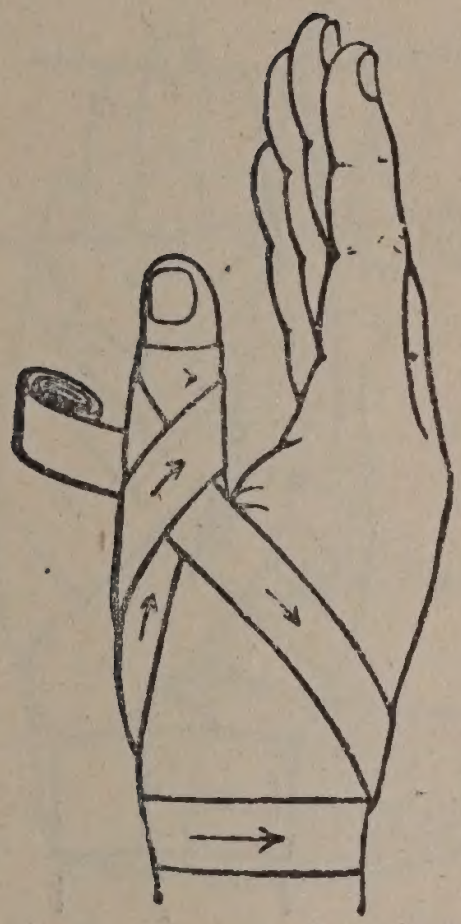

Fig. 18.

Fig. 19.

Figs. 18-19.—SPICA FOR THE THUMB.

Spica for the Thumb. Width of bandage 1 inch. *Course :* Across front of wrist from inner to outer side; up between thumb and finger by one spiral to root of thumb-nail; simple turn round thumb; diagonally across back of thumb and hand to wrist; continue by figure of 8 round thumb and wrist until the thumb is covered. Finish by a turn round wrist, and secure. (*Figs.* 18 and 19.)

Fig. 20.

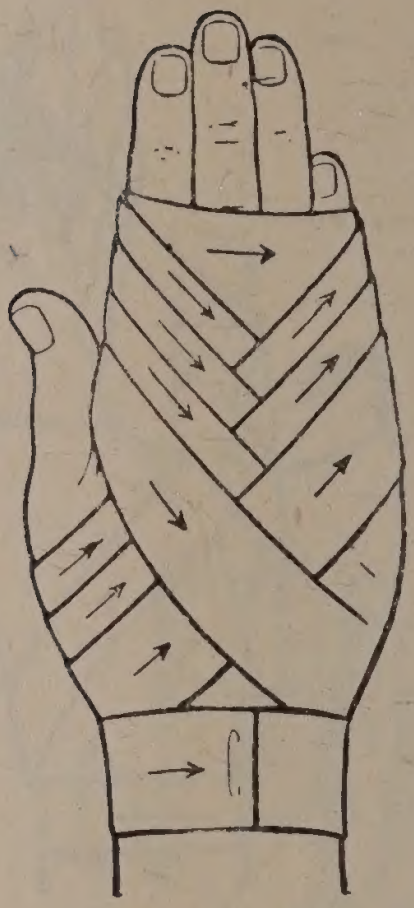

Fig. 21.

Figs. 20-21.—BANDAGE FOR THE HAND.

Bandage for the Hand. Width of bandage 2 or 2½ inches. *Course :* Across front of wrist from inner to outer side; then from wrist to base of little finger; once round fingers. (*Fig.* 20.) Figure of 8 round hand and wrist. Repeat figures of 8 until the hand is covered, then round wrist, and secure. (*Fig.* 21.)

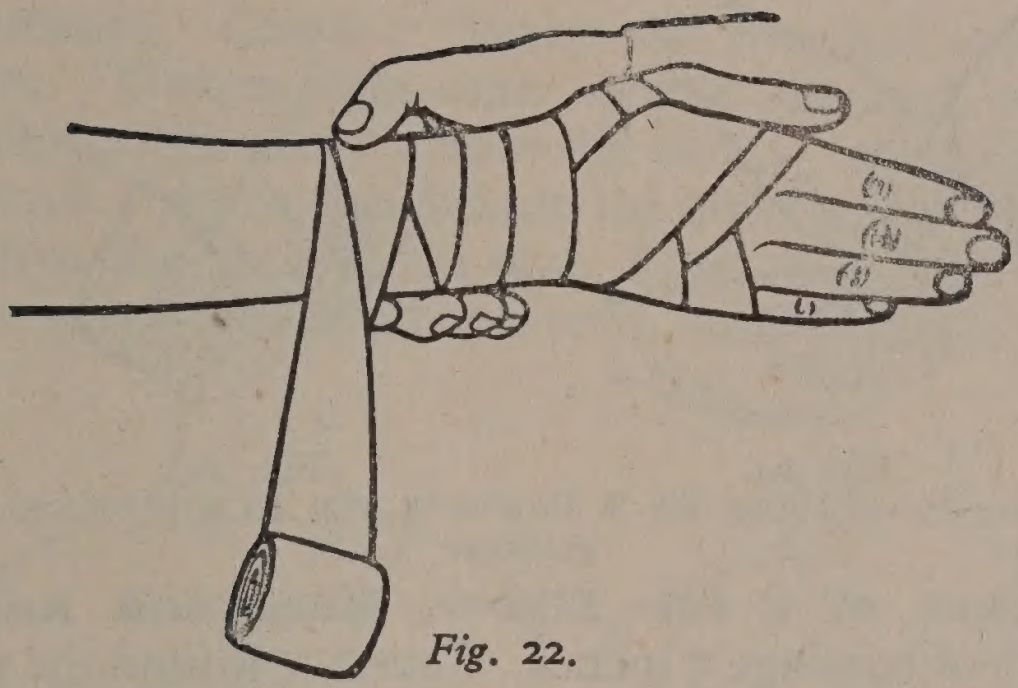

Fig. 22.

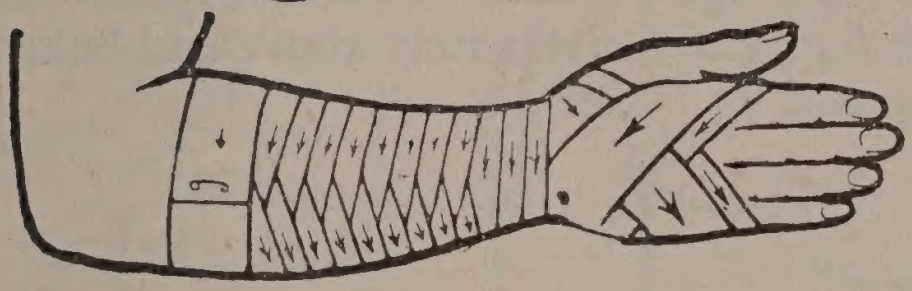

Fig. 23.

Figs. 22-23.—REVERSE SPIRAL FOR THE FOREARM.

Reverse Spiral for the Forearm. Width of bandage 2 or 2½ inches. *Course :* Across front of wrist from inner to outer side; across back of hand to first joint of little finger; across front of fingers; to inner, then outer, side of wrist. Repeat once. Two or three simple spirals round wrist. Reverse spirals on forearm, and secure. (*Figs.* 22 and 23.) The figure of 8 bandage, as for the leg (*see* page 32 and *Fig.* 36), may be applied instead of the spiral.

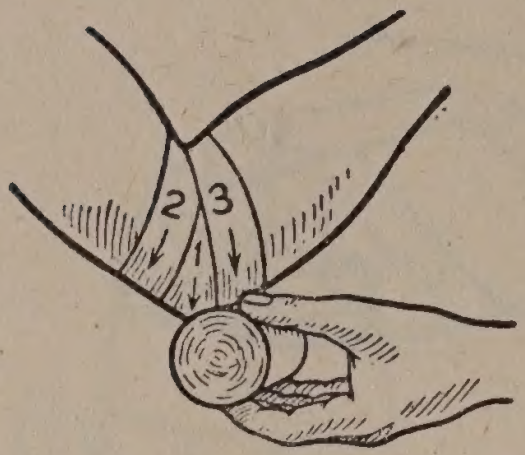

Fig. 24.

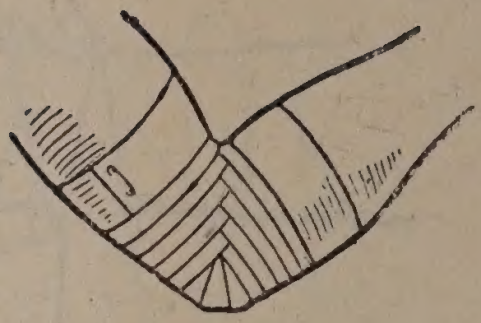

Fig. 25.

Figs. 24-25.—FIGURE OF 8 BANDAGE FOR ELBOW, KNEE AND ANKLE.

Figure of 8 for Elbow, Knee and Ankle. Width of bandage 3 inches. *Course :* Round the joint and then figure of 8 alternately above and below joint. (*Figs.* 24 and 25.) Secure.

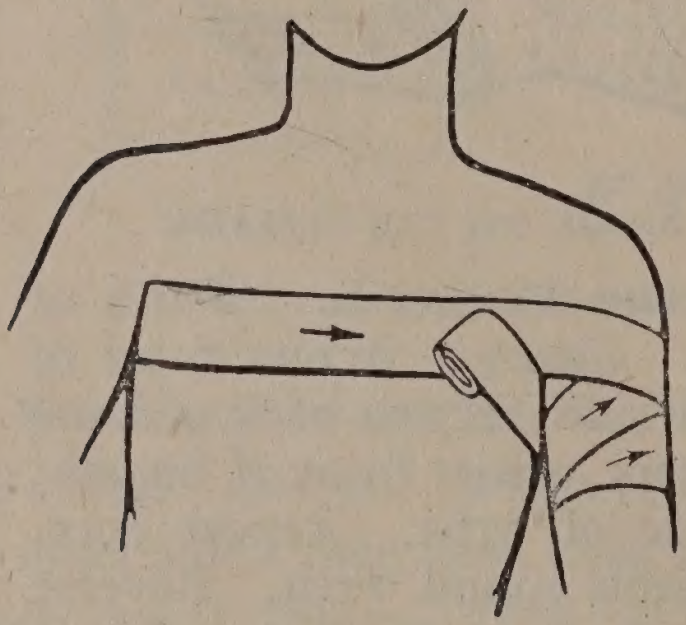

Fig. 26.

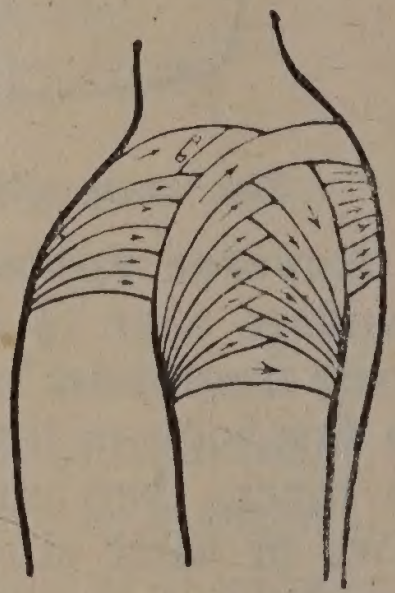

Fig. 27.

Figs. 26-27.—SPICA FOR THE SHOULDER.

Spica for the Shoulder (left). Width of bandage

3 inches. *Course :* Secure the free end round the arm. Thence from inner side of left arm, over the front of the arm; across the back; under the right armpit; across the chest to the outer side of the arm; across the back of the arm. (*Fig.* 26.) Repeat until the part is sufficiently covered, and secure. (*Fig.* 27.)

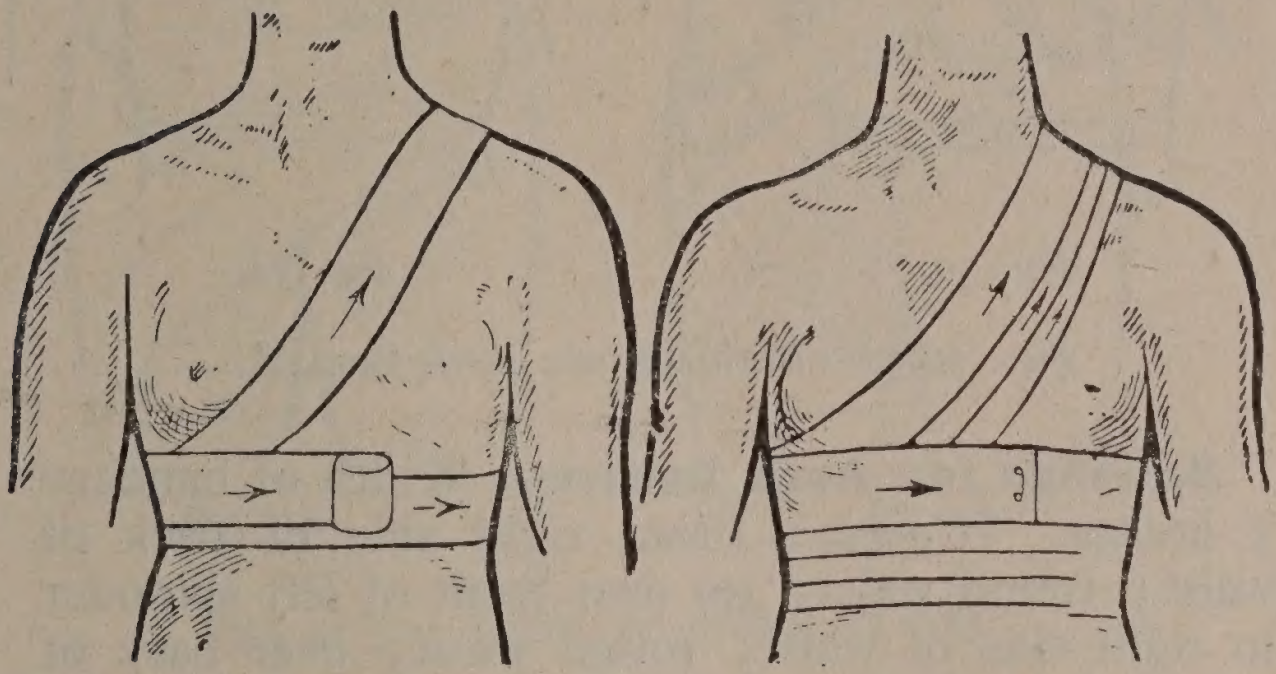

Fig. 28. *Fig.* 29.

Figs. 28-29.—BANDAGE FOR THE BREAST.

Bandage for the Breast (right). Width of bandage 3 inches. *Course :* From left side of back of waist; round waist; under right breast; over left shoulder to right side of waist (*Fig.* 28); round waist; repeat until the breast is sufficiently covered and supported. (*Fig.* 29.) Secure.

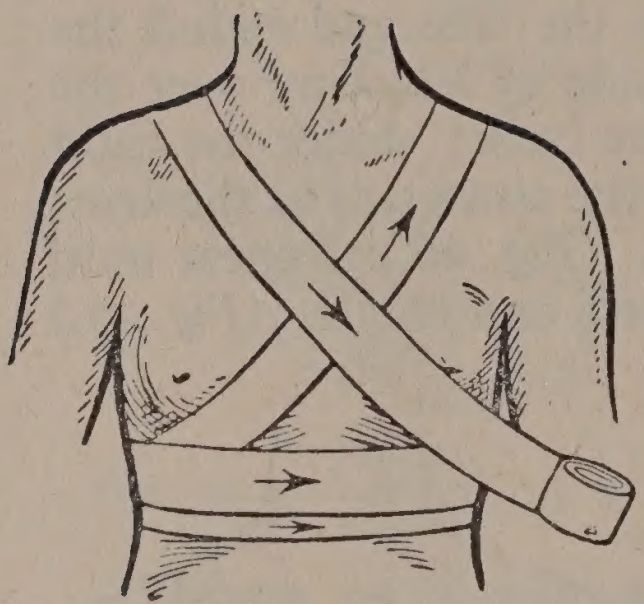

Fig. 30.

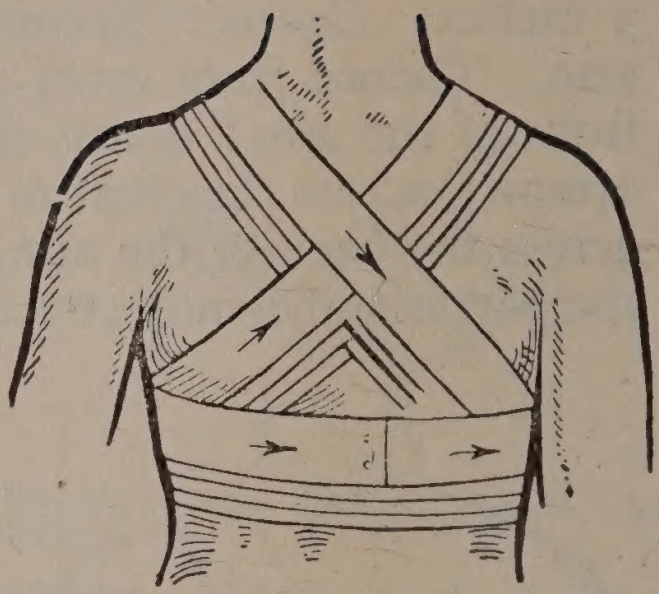

Fig. 31.

Figs. 30-31.—BANDAGE FOR BOTH BREASTS.

Bandage for Both Breasts. Width of bandage 3 inches. *Course :* From right side of back of waist; round waist; up over front of left shoulder to right side of waist; round waist; over back of right shoulder to left side of waist; and round waist. (*Fig.* 30.) Repeat alternately over the left and right shoulders until both breasts are covered and supported. (*Fig.* 31.) Secure.

To give added support it is sometimes more effective to use two crepe bandages, 3 inches in width, and apply one to each breast in the manner described for one breast only.

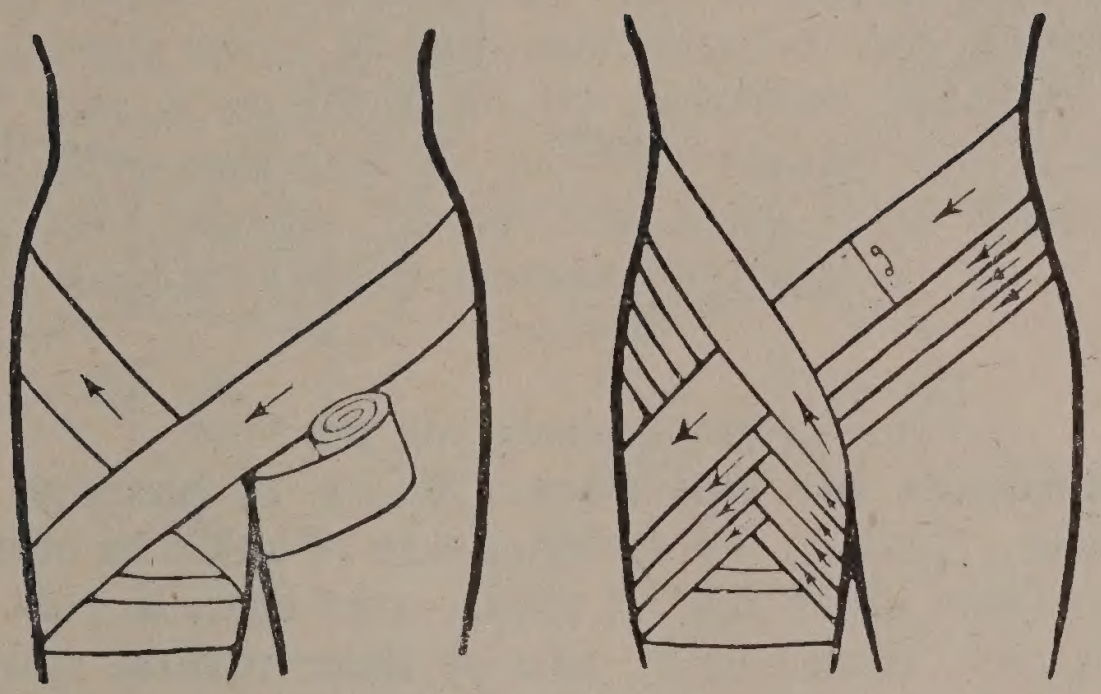

Fig. 32. *Fig.* 33.

Figs. 32-33.—SPICA FOR GROIN OR HIP.

Spica for (right) Groin or Hip. Width of bandage 3 inches. *Course :* Two turns round the thigh to fix the bandage. From fork to crest of right hip; across loins to left hip; thence to outer side of and behind right thigh. Repeat until the groin is sufficiently covered. Secure. (*Figs.* 32 and 33.)

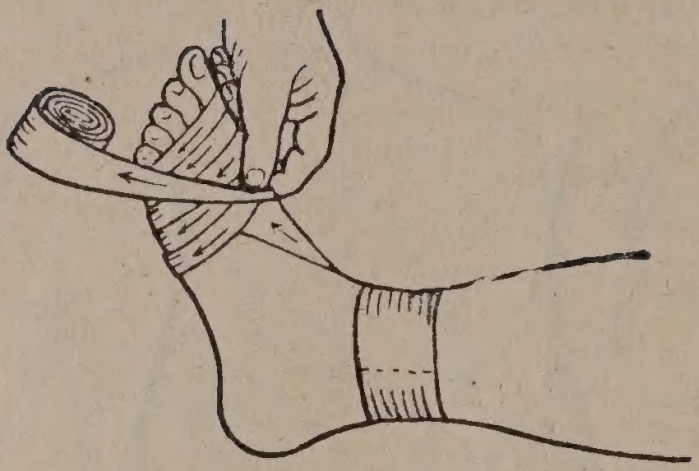

Fig. 34.

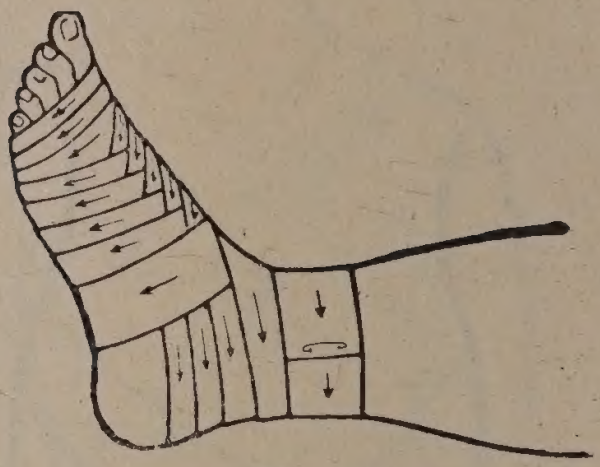

Fig. 35.

Figs. 34-35.—BANDAGE FOR THE FOOT.

Bandage for the Foot. Width of bandage 2½ inches. *Course :* From inner side of ankle to outer; then from inner side of ankle, over foot, to root of fifth toe; round foot; two or three reverse spirals round foot; figures of 8 round the ankle and foot until the part is sufficiently covered; once round ankle, and secure. (*Figs.* 34 and 35.)

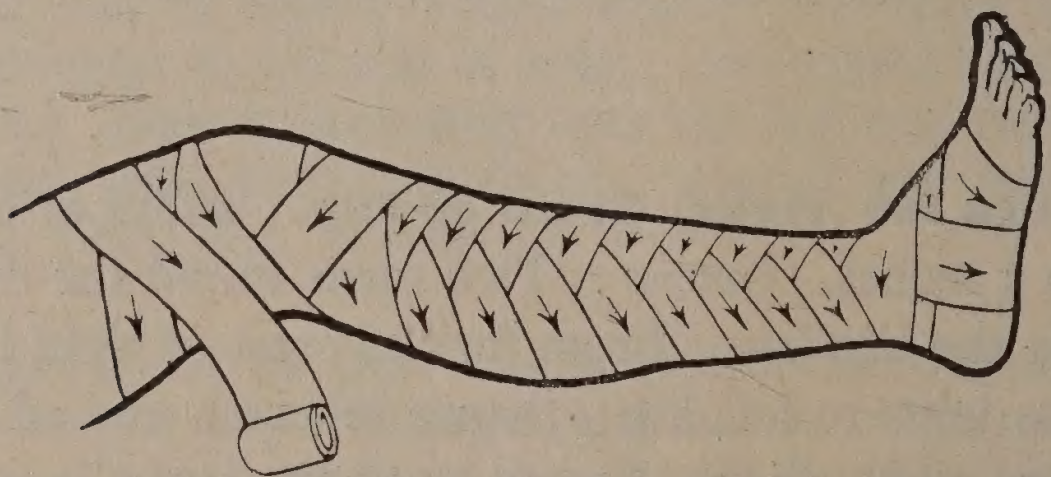

Fig. 36.—FIGURE OF 8 BANDAGE FOR THE LEG.

Figure of 8 Bandage for the Leg. Width of

bandage 3 inches. *Course :* From inner side of ankle to outer side of foot, round foot; round ankle; again round foot and ankle; and thence up the limb by reverse spiral to commencement of calf muscles, and thence up the limb by ascending figure of 8, each layer covering the previous one by two-thirds. (*Fig.* 36.) Secure. The reverse spiral, as for the fore-arm, may be applied throughout instead.

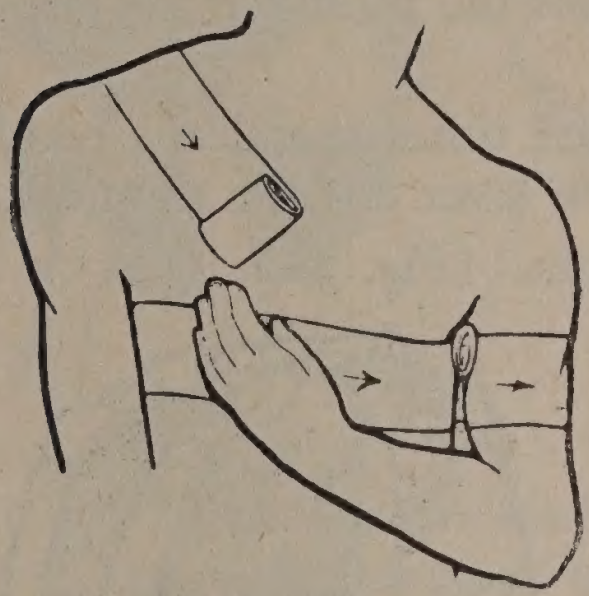

Fig. 37.

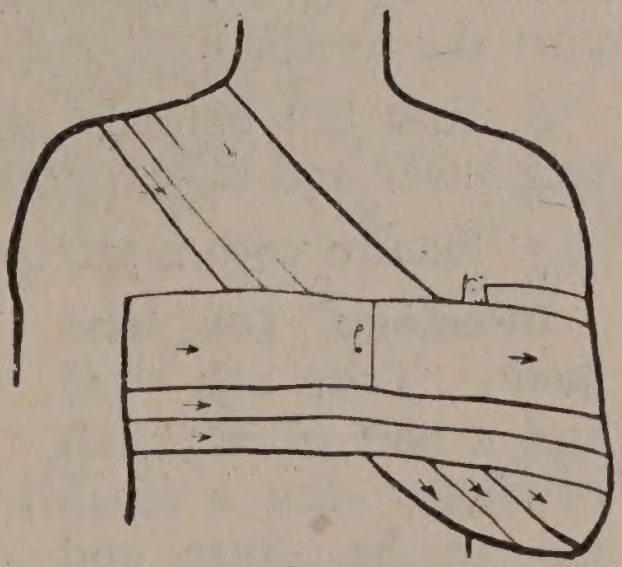

Fig. 38.

Figs. 37-38.—BANDAGE FOR A BROKEN COLLAR-BONE.

Bandage for a Broken Collar-bone. 1. Place in the armpit a pad, about 2 inches by 2 inches by 4 inches.

2. Pass the end of a 4-inch bandage round the upper part of the arm to form a loop, and secure with a safety pin.

3. Carry the bandage across the patient's back a little below the armpits to draw the shoulder back, and continue it round the chest to the armpit on the injured side.

4. Raise the forearm well up.

5. Carry the bandage diagonally across the back and over the uninjured shoulder (*Fig.* 37), and round the elbow three times to raise the shoulder and support the forearm.

6. Pass the bandage three times round the body and lower end of the arm to lever out the shoulder.

7. Secure with a safety pin. (*Fig.* 38.)

Bandage for the Jaw. Take one yard and a half of a 3-inch bandage. Cut a small hole in the centre, and cut the bandage from each end down the middle to within 1½ inches of the hole, thus producing a bandage with four tails. Apply as shown in *Fig.* 39.

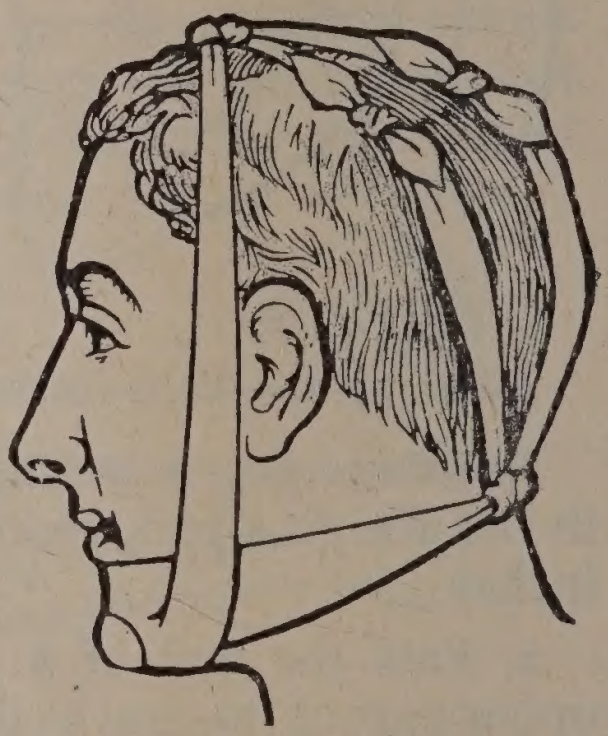

Fig. 39.—BANDAGE FOR THE JAW.

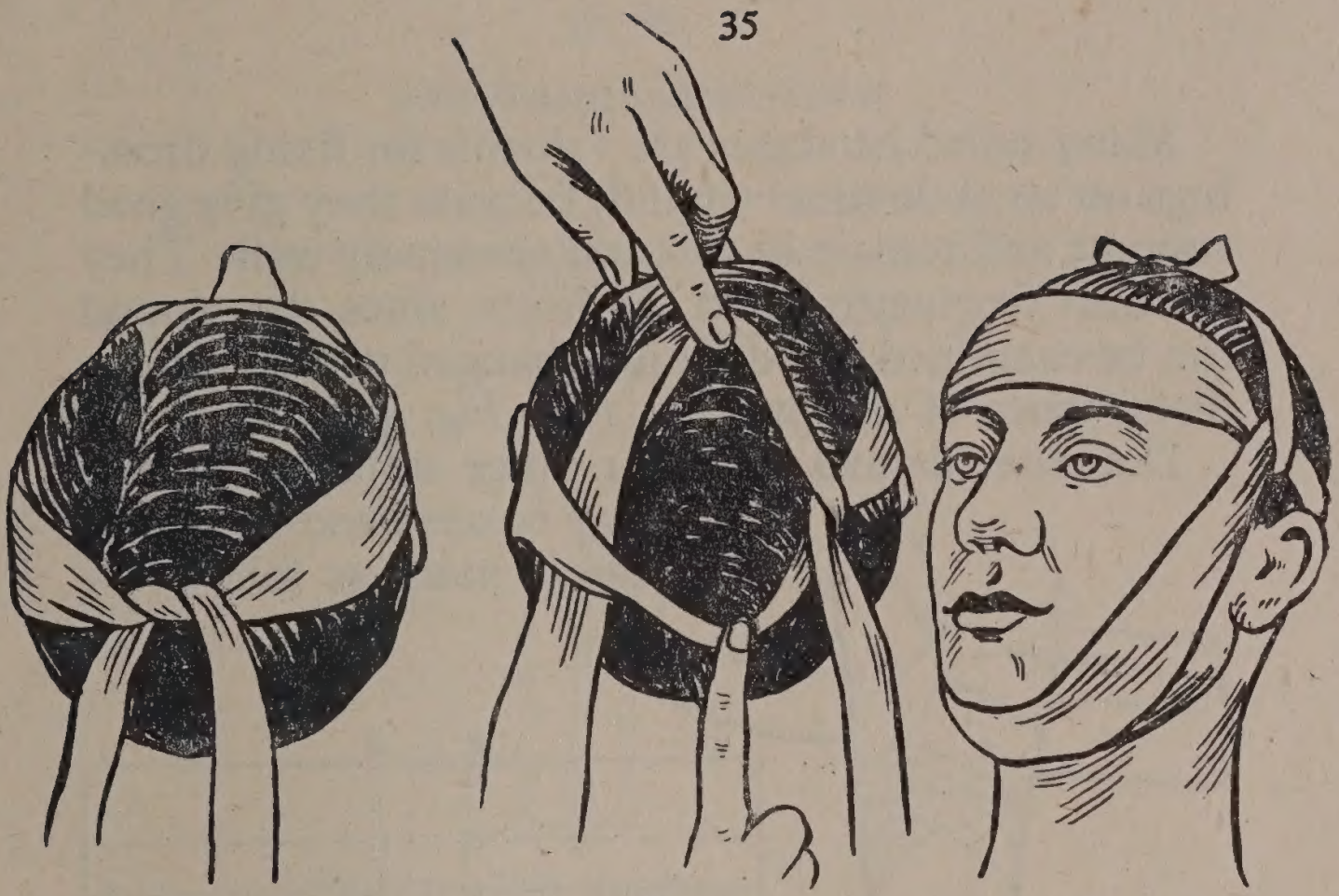

Fig. 40. *Fig.* 41. *Fig.* 42.

Figs. 40-42.—BARREL BANDAGE FOR THE JAW.

Barrel Bandage for the Jaw, as used in war injuries, because it maintains the lower jaw in a more satisfactory position. Take a bandage 2½ inches wide and 2 yards in length; place it under the chin; tie a single hitch on top of the head (*Fig.* 40); draw one loop forward and one backward well down the back of the head (*Fig.* 41) until they form a horizontal turn round the head, meeting the loop under the chin in a half-hitch in front of each ear; take the free ends and tie them in a reef knot on top of the head. (*Fig.* 42.)

MANY-TAILED BANDAGES.

Many-tailed bandages are valuable for fixing dressings on an abdominal wound, because they give good support and remain in position extremely well. They are also frequently used for limbs since the wound can be examined or a dressing changed without undue disturbance of the patient. (*See Fig.* 43.)

Domette, flannel, linen or other suitable material may be used and the bandage is made as follows:—

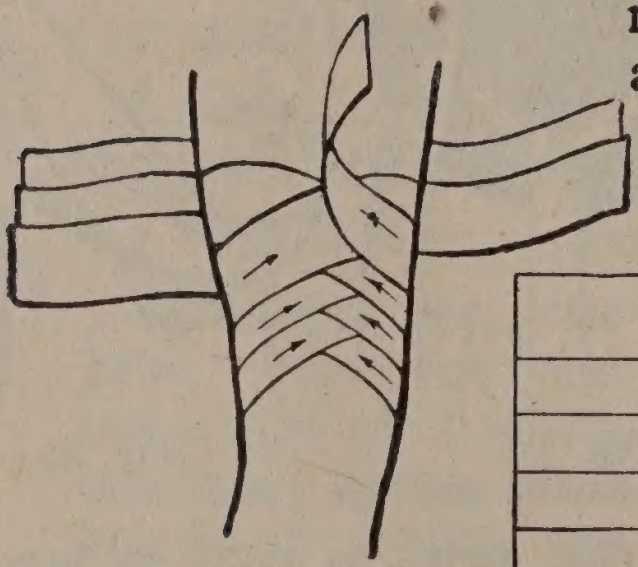

Fig. 43.—MANY-TAILED BANDAGE.

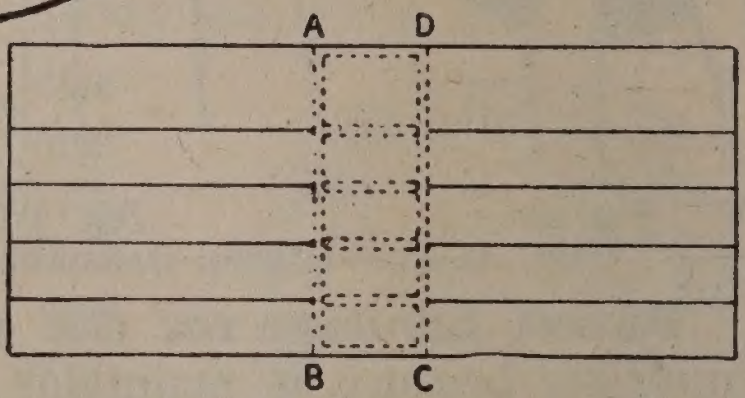

Fig. 44.—MANY-TAILED BANDAGE (how made).

Cut a foundation strip ABCD (*See Fig.* 44) as long as the required width AB of the final bandage, and 4 inches in width AD. Strips of material 3 inches in width are laid across this, parallel to one another and each overlapping one-third of the preceding one; the strips are then sewn to the central foundation.

"T" BANDAGES

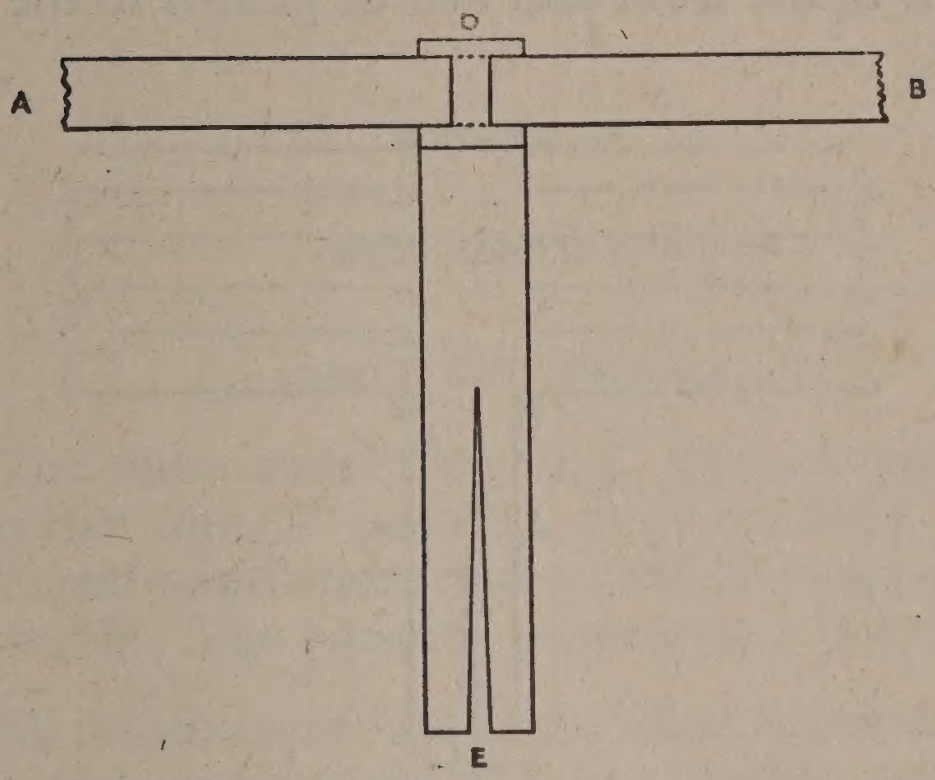

Fig. 45.—"T" BANDAGE.

"T"-shaped bandages (*Fig.* 45) are used for fixing dressings over the rectum and perineum. They are usually made from 5-inch gauze bandages or from strips of calico 4 inches in width.

A horizontal piece AB is cut long enough for the waist and folded in half lengthwise. The upper end of the vertical piece DE is folded over to make a hem 4 inches in width. In this hem two slits are cut $1\frac{1}{2}$ inches apart, and the piece AB is threaded through. The lower end of E is slit. When applied, the waist-piece is fastened first, and the vertical piece used to

fix the pad or dressing, the narrow ends being brought to the front and tied or pinned to the waist-piece.

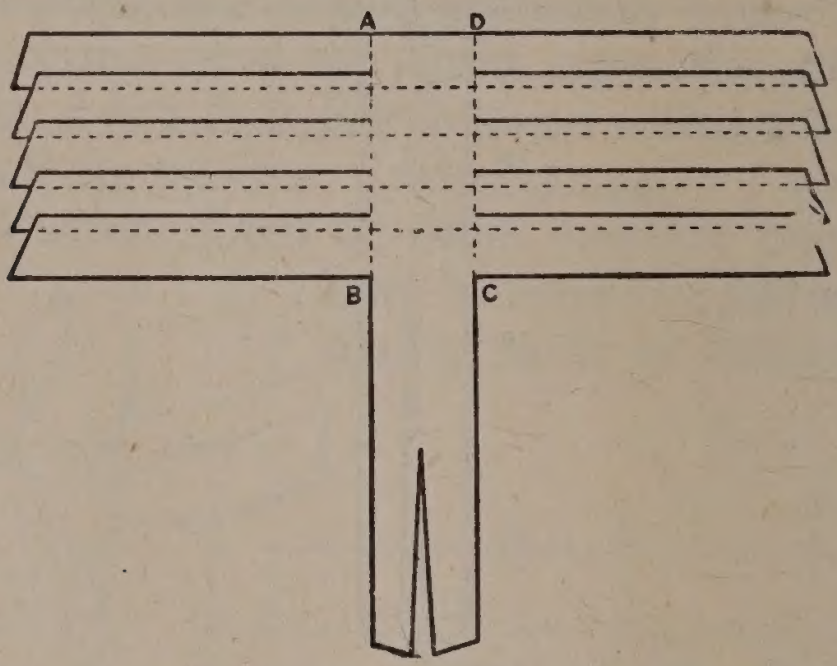

Fig. 46.—MANY-TAILED ABDOMINAL BINDER.

A Many-tailed Abdominal Binder may have an elongated central strip, as shown in figure 46. The ends are fixed in the same way as the vertical piece of the "T" bandage (*see Fig.* 45) in order to keep the binder in position.

A Many-tailed Chest Bandage is made as on page 36, and to the upper edge are sewn two strips to act as shoulder straps.

CHAPTER IV

THE SICK-ROOM

CHOICE AND PREPARATION

The room should be large, airy, provided with a fireplace and, if possible, sash windows to ensure sufficient ventilation, and a cheerful, sunny aspect is desirable. The patient's own room is best if suitable.

All unnecessary furniture should be removed. The essentials consist of a bed, two tables, two ordinary chairs and an easy chair. A screen is an advantage.

Care should be taken to protect furniture and rugs. Tables used for washing requirements can be protected by a pad of newspaper covered with oilcloth or a thin piece of mackintosh. Rugs can be turned up or covered with brown paper when there is any risk of soiling them.

The bed should be placed so that the patient is not in a draught, but, if possible, in such a position that he can see the fire and also look out of the window.

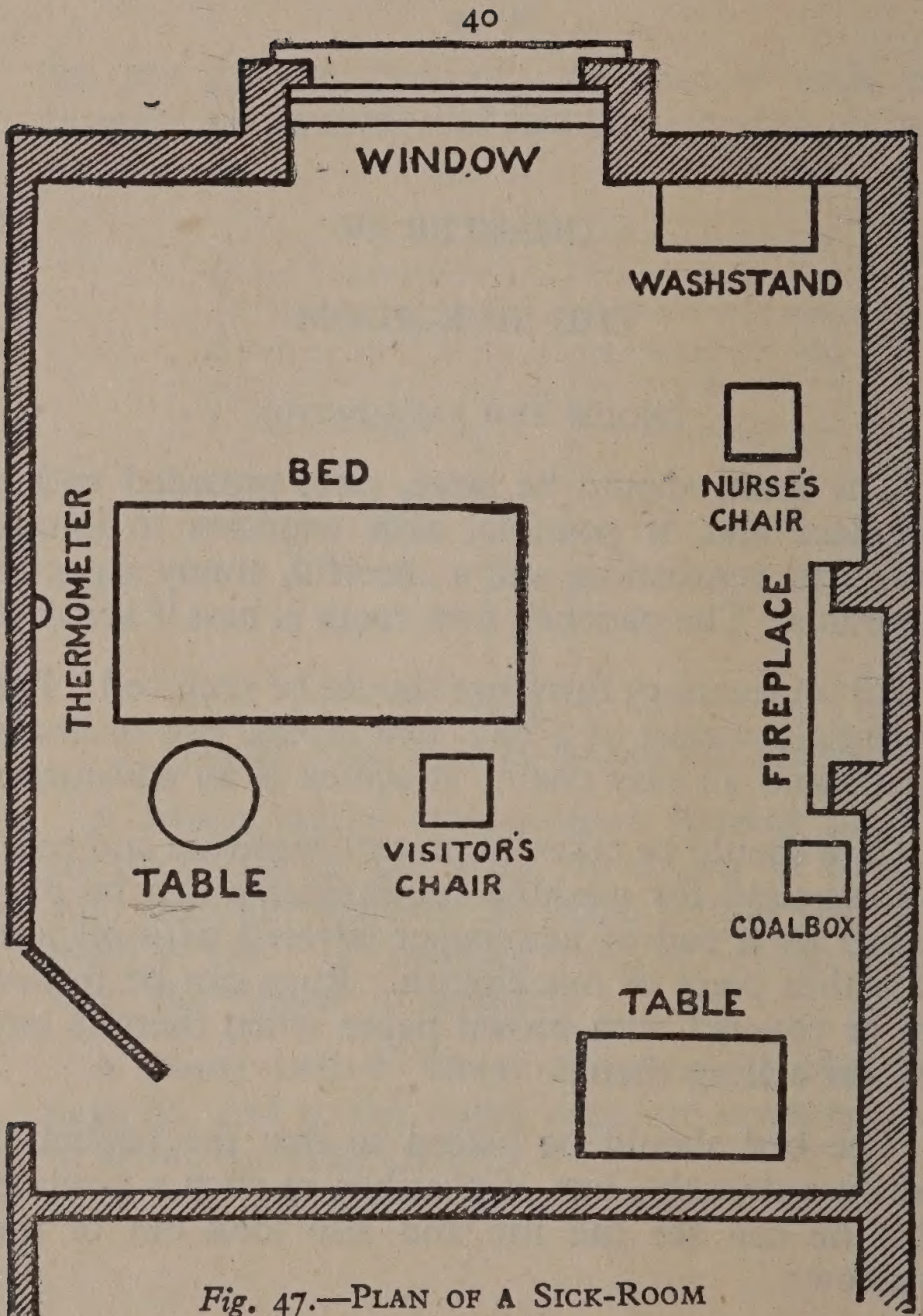

Fig. 47.—PLAN OF A SICK-ROOM

CLEANING AND DUSTING

The room must be cleaned daily in a systematic way, and this should be done quickly and quietly after the patient's bed has been made and he has been comfortably settled for the morning.

A vacuum cleaner should be used, since brushes are inclined to scatter dust. If the patient is disturbed by the sound of the cleaner, rugs must be removed for cleaning, and the carpet, if any, should be cleaned with a damp duster.

The room should be dusted twice a day. Dusting should be done with a cloth damped with a weak disinfectant, and finished with a dry duster. Articles must be dusted on each side—the side which is not seen as well as the side which is seen—and special attention should be paid to all ledges, picture-rails, skirting-boards, tops and edges and panelling of doors, and the under-surface of tables and chairs. The walls and high ledges should be swept down with a long broom having the damped cloth tied over the bristles.

LIGHTING.

Electric light is undoubtedly the best of all artificial light since it does not vitiate the air, as do all lights with a naked flame. At the same time it is the only light which can be easily and safely shaded so that the nurse may have enough light for her requirements without disturbing the patient.

The air of an occupied room gradually becomes overheated and laden with moisture, and the occupant is also using up the oxygen and replacing it with carbon dioxide.

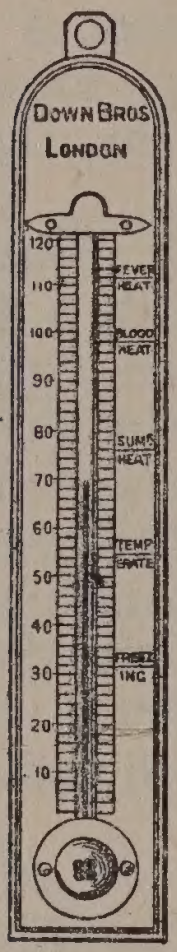

Fig. 48.
ROOM THERMOMETER

The object of ventilation and heating is to keep the air in the room as pure as the outside air without chilling the patient.

The temperature of the sick-room should be kept at about 60° F. by means of some heating apparatus and not by shutting out fresh air. The temperature of the room should be taken by a thermometer (*see Fig.* 48), hung on the wall level with the patient's head and away from the window and fireplace.

The room should, if possible, be one with a fireplace as it greatly aids ventilation — the nurse should ensure that the chimney is not obstructed. The chimney is an excellent outlet for air, which passes up it partly

due to suction of the air over the chimney pot, but chiefly because the air is warmed by the fire. As the air ascends, it makes room for cold air, which in turn is warmed and ascends. Thus a through current of air from the open window to the top of the chimney is provided.

Open the window. (*a*) If it is a sash window, open it at the top, so that the fresh air (generally cold) may enter well above the level of the patient. Air, on being heated (e.g., by the fire, respiration, or contact with the body), becomes lighter and ascends to the upper part of the room, where it mixes with the cold, fresh air, which is thus warmed before reaching the patient. If, for any reason, such as the force of the wind, it is undesirable to open the window at the top, the incoming current of air may be directed upwards and its force broken by raising the lower sash of the window a little way and filling in the opening with a board; thus a space will be left between the sashes through which fresh air will enter (*Fig.* 49). (*b*) If it is a casement window, a curtain or screen can generally be arranged to prevent draughts; there is less draught when the window is opened wide, as a draught is caused more by the rapidity of entrance of the air than by its volume. An excellent way of reducing the draught is by fixing a piece of gauze over the opening.

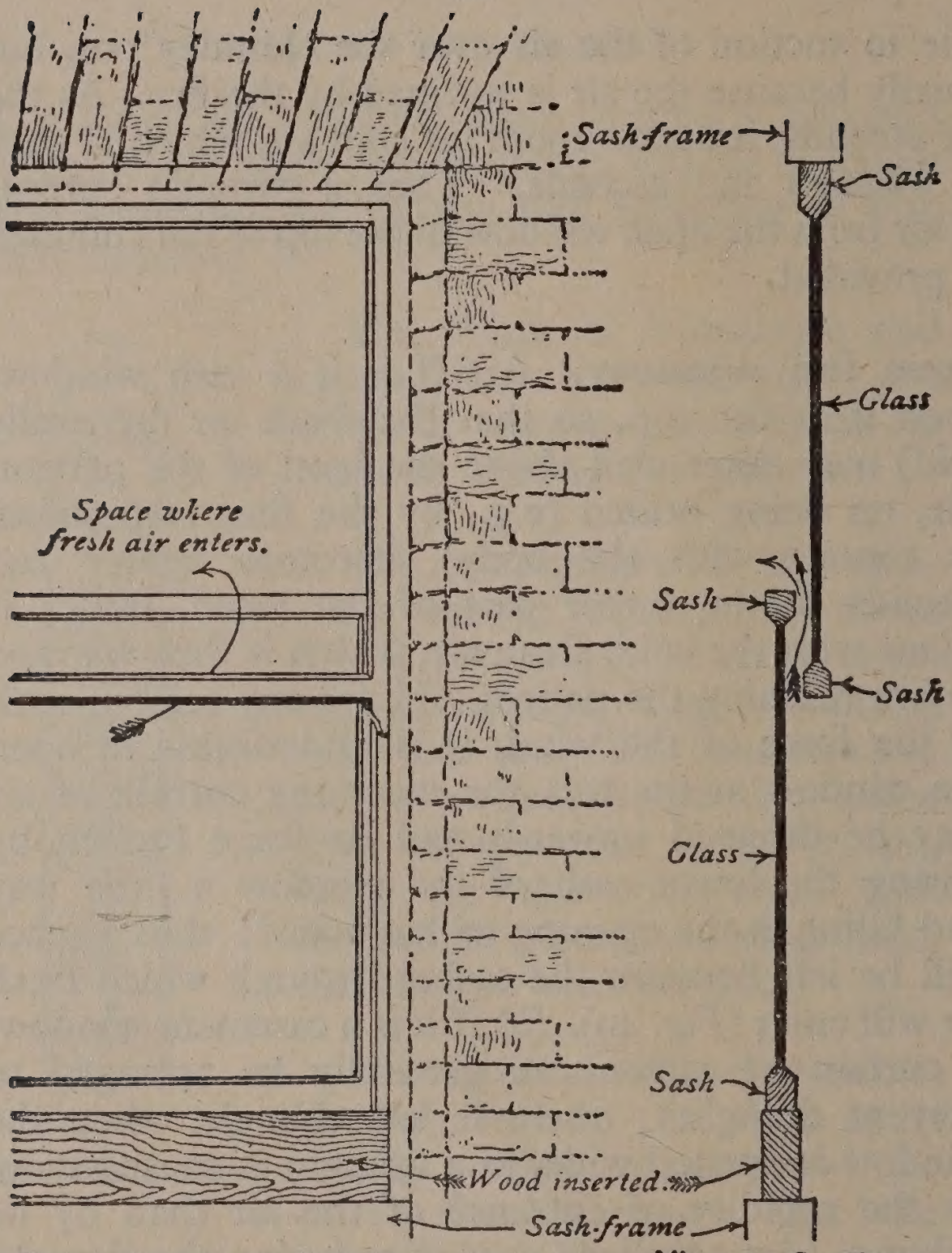

Fig. 49.—WINDOW VENTILATION.

The windows should be kept open night and day; it is a mistake to suppose that night air is in any way harmful.

A through flushing of the air in the room two or three times a day is desirable, and should certainly be done in the morning after the patient's toilet has been completed. This may be done by opening all windows and doors widely while protecting the patient from draughts.

The patient can always be kept warm by plenty of bed-clothes and hot water bottles applied to the feet and lower limbs. The windows should be closed while the patient is being washed or exposed for any necessary attention.

To Heat the Sick-room. Heating of the room may be accomplished in different ways, but usually there is no choice in a private house.

Many people still prefer a coal fire as a means of heating a sick-room. Its advantages are well known—it promotes ventilation, and most patients prefer it because of its cheerful appearance.

A coal fire should be made up quietly in order to disturb the patient as little as possible. Coal should not be shovelled on, but laid on gently with

the hand, a glove being kept for the purpose; small pieces and coal dust should be made up in paper packets outside the sick-room before being placed on the fire.

Other means of heating includes electric fires, hot water pipes, radiators and gas fires. These are all labour-saving methods, and on that account have an unquestionable advantage. In the case of hot water pipes the heat is probably much more evenly distributed.

FLOWERS

These give greater pleasure to patients than any other decoration, but care should be taken that they are not so highly scented as to be overpowering, e.g., arum lilies, hyacinths. They must be removed from the sick-room each evening, and arranged in clean water ready to be returned next morning after the room has been cleaned.

CHAPTER V

THE BED

Bedsteads should be made of iron and fitted with a wire mattress. The length should be 6 ft. 6 in., and the width 3 ft. 6 in. Every bedstead should have castors so that it can easily be moved.

TO MAKE A BED

In bed-making the aim of the nurse must be to make the patient as comfortable as possible. Comfort must never be sacrificed to appearance although neatness of the finished bed adds to the well-being of the patient and the tidiness of the room. The general rule is that all clothing under the patient should be tight and smooth, whilst that over the patient should be light and loose.

In all cases the work of bed-making is most easily done when the nurse is assisted by another person working on the opposite side of the bed.

The requisites are put on in the following order:—

1. **A piece of sacking** or other material tied to the frame at the head and foot with tapes, to prevent the mattress from slipping and to preserve it from rust marks.

2. **A firm mattress** with cover.

3. **The under-blanket,** smoothly and firmly tucked under the mattress.

4. **The under-sheet,** smoothly and firmly tucked under the mattress at the head, then at the foot, and lastly at both sides.

5. **A mackintosh sheet,** proofed on both sides and slightly less than half the width of the sheet. It should be placed across the bed and should extend from just under the edge of the pillow to the patient's knees.

6. **The draw-sheet,** used to protect the under-sheet and mattress and to keep the patient dry and clean. It is more easily kept free from creases and changed when soiled than the under-sheet. It can be made by folding an ordinary sheet lengthwise so that it is wide enough to cover completely the mackintosh. Tuck one end under the mattress on one side of the bed; spread the sheet smoothly across the bed, fold the remainder and place it under the mattress on the other side.

7. **Two pillows** in pillow-slips with closed ends facing door.

8. **The top-sheet** (its broad hem at the top), which should reach right up to the head of the bed so as to leave plenty to turn down. It should be well tucked under the mattress at the foot of the bed, and half way along the sides.

9. **Two light and warm blankets.** These should be placed with the top ends half-way up the pillow, so that they may be drawn round the neck. Each should be well tucked in separately at the foot of the bed and half-way up the sides, but must not be drawn so tightly as to restrict free movement.

10. **A light counterpane.** An eiderdown, which should be light and porous, may be added if desired.

Sheets and blankets are tucked in as follows :—

Lay the palms of the hands flat over the sheet on the edge of the wire mattress with the finger-tips of one hand pointing to those of the other with an interval of three inches between them (*see Fig.* 54). Move the hands sideways from each other under the top mattress, conveying the sheet with them. In this way the sheet is spread smoothly under the mattress, and the mattress itself will not be bunched up as is invariably the case when the sheet is pushed in by the hands with the fingers foremost and the palms upwards.

Sheets and blankets should be tucked in at the foot as shown in figures 50 to 55.

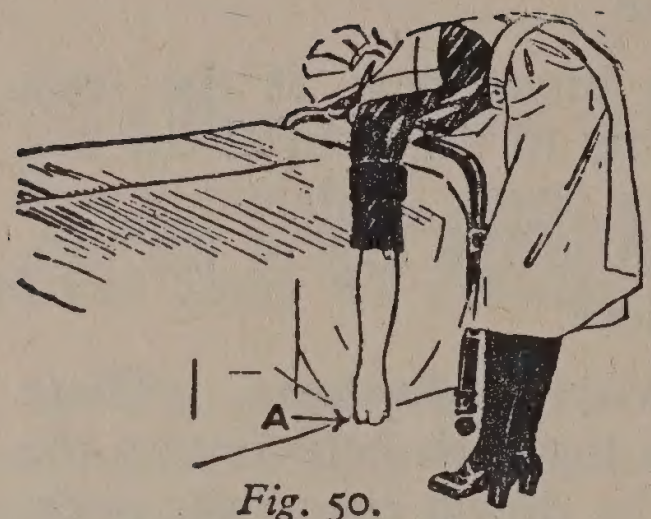

Fig. 50.

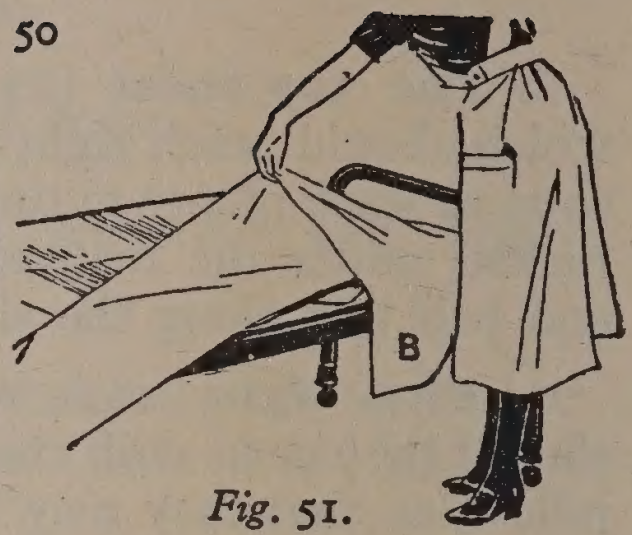

Fig. 51.

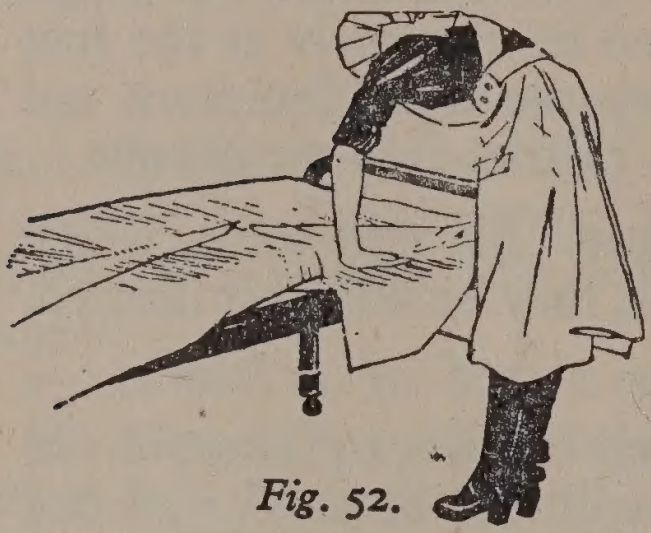

Fig. 52.

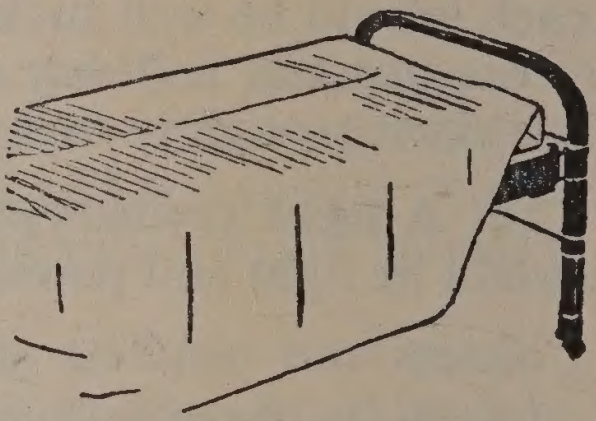

Fig. 53.

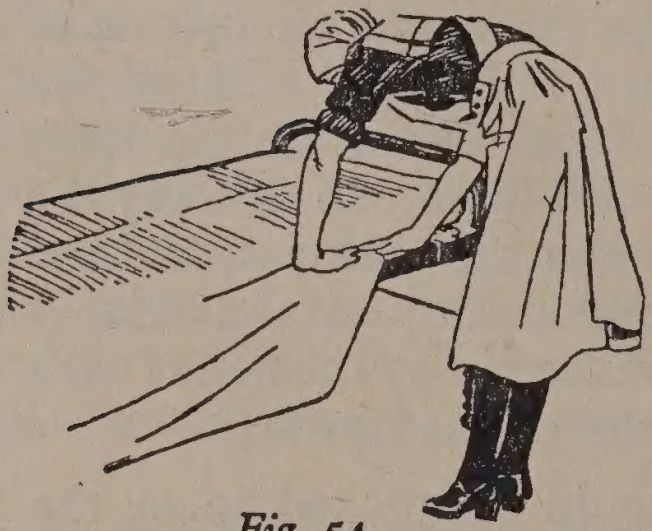

Fig. 54.

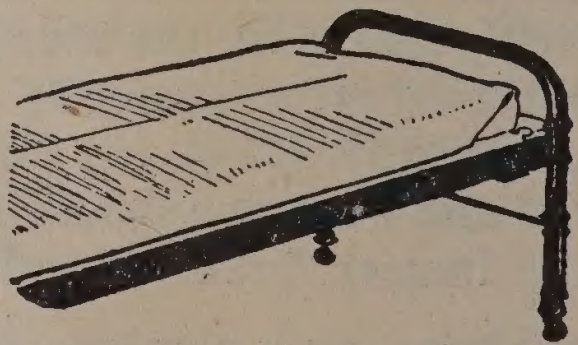

Fig. 55.

Figs. 50-55.—"ENVELOPE" CORNERS FOR SHEET AND BLANKET.

When the patient is allowed to get up while his bed is being made, care must be taken to see that he is placed in a comfortable chair, away from draughts, is warmly covered, and that the feet are supported on a stool or cushion.

When the Patient is Confined to Bed. The nurse must be assisted by a second person, and the patient must not be moved more than is necessary.

(*a*) Collect the clean linen, and, when desirable, place it to warm.

(*b*) Obtain a receptacle for soiled linen.

(*c*) Close the windows.

(*d*) Refill the patient's hot water bottles.

(*e*) Place two chairs back to back at the foot of the bed.

(*f*) Untuck all the bed-clothes and remove the upper pillow.

(*g*) Remove top bed-clothes, leaving the patient covered with one blanket or, in some cases, by a sheet. The bed-clothes should be removed in a methodical manner, folding each article twice across, and placing it over the backs of the chairs so that the ends rest on the seats.

(*h*) Pull up the mattress by its sides against the head of the bed if it should have slipped down.

(*i*) Raise the patient's feet and remove crumbs, etc., from the lower part of the bed.

(*j*) Pull the lower part of the bottom sheet tight and tuck it in.

(*k*) Nurse A draws the pillow to the side of the bed where the shorter end of the draw-sheet is and rolls the patient on to his side so that he faces her. She supports him in this position, keeping him well covered.

(*l*) Nurse B removes crumbs, etc., pulls the bottom sheet tight and tucks in her side of it. She then tucks in the end of the draw-sheet and rolls the remainder against the patient ready to be drawn through.

(*m*) Nurse A lowers the patient on to his back, and Nurse B arranges a pillow on her side of the bed and rolls him towards her and supports him. Nurse A then makes her side of the bed, as Nurse B has done, pulling the draw-sheet to her side and tucking it in tightly.

(*n*) One nurse supports the patient while the other shakes and replaces the pillows.

(*o*) The patient is lifted into a comfortable position, and the top bed-clothes are replaced in the same way as in an unoccupied bed. The top end is turned back only so far as is consistent with the patient's comfort.

To Change the Under-sheet.

Fig. 56.—Method of Changing Under-sheet.

TO CHANGE SHEETS

To change the sheets of a patient too ill to be moved from the bed or to lie on his side without support it is necessary to have two nurses, one on each side of the bed.

(**A**) When the patient can be turned on to his side and supported.

If the draw-sheet is clean and does not require changing :—

(i) The clean sheet is warmed, rolled lengthwise to half its extent and placed in readiness over a chair.

(ii) All the bed-clothes except the under-blanket are untucked; the upper pillow and all the top bed-clothes are removed except the sheet (and, if desirable, one blanket), which must be left over the patient; the pillow is shaken up and set to air with the blanket.

(iii) Nurse A stretches over the body of the patient, places her hands behind his shoulder and buttock over the sheet (and blanket, if any), and rolls him on to his side so that he faces her; she supports him in this position, keeping him well covered.

(iv) Nurse B folds the mackintosh and draw-sheet over the patient, and rolls the under-sheet until it lies in a long tight roll close against the patient's back.

(v) She places the rolled clean sheet against the soiled roll, smooths the unrolled portion towards herself and tucks in the under-sheet, mackintosh, and draw-sheet. (*See Fig.* 56.)

(vi) Nurse A lowers the patient on to his back over the two rolls, and Nurse B rolls him over on to his other side; she supports him in this position, keeping him well covered.

(vii) Nurse A withdraws the dirty roll and unrolls the clean under-sheet, which is smoothed out and tucked in.

(viii) The mackintosh is smoothed out; the draw-sheet is drawn through, folded and tucked in.

(ix) Nurse B lowers the patient on to his back.

(x) The top pillow and bed-clothes are replaced, and the latter are tucked in.

If the draw-sheet is dirty and requires changing as well as the under-sheet :—

(i) The clean sheet is warmed, rolled lengthwise to half its extent and placed in readiness over a chair; the clean draw-sheet is also warmed, rolled, and placed with it.

(ii) All the bed-clothes except the under-blanket are untucked, the upper pillow and all the top bed-

clothes are removed except the sheet (and, if desirable, one blanket), which must be left over the patient; the pillow is shaken up and set to air with the blankets.

(iii) Nurse A stretches over the body of the patient, places her hands behind his shoulder and buttock over the sheet (and blanket, if any), and rolls him on to his side so that he faces her; she supports him in this position, keeping him well covered.

(iv) Nurse B rolls the draw-sheet, cleans and dries the mackintosh, and rolls it and the under-sheet until they lie in separate rolls close against the patient's back.

(v) She places the clean sheet against the soiled rolls, smooths the unrolled portion towards herself and tucks it in.

(vi) She smooths out the mackintosh towards herself, and places the clean draw-sheet over it and tucks it in at her side of the bed, and places the remainder of the roll against the patient's back.

(vii) Nurse A lowers the patient on to his back over the rolls, and Nurse B rolls him on to his other side; she supports him in this position, keeping him well covered.

(viii) Nurse A withdraws the dirty draw-sheet, cleans and dries the remainder of the mackintosh, and withdraws the dirty under-sheet. She unrolls the clean under-sheet, smooths it out and tucks it in. The mackintosh and the clean draw-sheet are smoothed out and the unrolled portion placed under the mattress.

(ix) Nurse B lowers the patient on to his back.

(x) The top pillow and bed-clothes are replaced and the latter are tucked in.

(**B**) When it is not desirable to turn a patient on to his side (e.g., in the case of a fractured leg):—

If the draw-sheet is clean and does not require changing :—

(i) The clean sheet is warmed, rolled up crosswise to its full extent, and placed in readiness over the head of the bedstead.

(ii) All the bed-clothes except the under-blanket are untucked, and both ends of the draw-sheet and mackintosh are turned over the patient's body.

(iii) The nurses, each with one hand, raise and support the patient's head and shoulders, and with their free hands remove the pillows and roll the soiled sheet down as far as possible.

(iv) They place the rolled clean sheet across the head of the bed, where they tuck it in firmly and unroll it to meet the soiled roll.

(v) The pillows are replaced, and the patient's head and shoulders are lowered.

(vi) While both nurses raise together the lower parts of the body successively, they continue the rolling and unrolling process until the soiled roll is clear of the patient and the clean sheet is in position.

(vii) The clean sheet is smoothed out and tucked in.

(viii) The mackintosh and draw-sheet are replaced, smoothed out and tucked in.

(ix) The top bed-clothes are tucked in.

If the draw-sheet is dirty and requires changing as well as the under-sheet :—

(i) The clean sheet is warmed, rolled up crosswise to its full extent, and placed in readiness over the head of the bedstead; the draw-sheet is also warmed and placed in readiness on a chair.

(ii) All the bed-clothes except the under-blanket are untucked.

(iii) While one nurse raises and supports the patient's back, the other nurse removes the dirty

draw-sheet and mackintosh.

(iv) They change the under-sheet as in (**B**) (iii) to (vii) inclusive.

(v) While one nurse raises and supports the patient's back, the other nurse places in position the clean draw-sheet and mackintosh.

(vi) The top bed-clothes are tucked in.

To Change the Draw-sheet.

The draw-sheet is **changed** along with the under-sheet in the manner already described.

When the patient is helpless and has to be lifted for the draw-sheet to be changed, it is a good plan to attach the end of the soiled draw-sheet to the end of the clean one with safety pins in order to pull the latter through more easily.

When it is necessary to **alter the position** of the draw-sheet:—

(i) The top bed-clothes are untucked.

(ii) One nurse withdraws the part of the draw-sheet which has been folded under the mattress and tucks in its end.

(iii) She raises and supports the patient's back sufficiently to allow the nurse on the other side to pull the draw-sheet through until it is taut.

(iv) The patient is lowered, and the second nurse folds the length of draw-sheet (now transferred to the other side of the bed) and places it under the mattress.

(v) The top bed-clothes are tucked in.

To Change the Top-sheet.

(i) All the top bed-clothes except the sheet (and, if desirable, a blanket) are removed.

(ii) The warmed clean sheet is spread over the soiled sheet or blanket.

(iii) Whilst one nurse, standing at the head of the bed, holds the clean sheet near the patient's shoulders, the other nurse withdraws the soiled sheet (and blanket, if any) over the patient's feet.

(iv) The upper bed-clothes are replaced and tucked in.

AIDS TO COMFORT IN BED

Hot Water Bottles and Tins. The following points should be observed in filling and placing hot water bottles and tins:—

(*a*) Water should be very hot, but not boiling.

(*b*) Tins and earthenware bottles should be completely filled through a funnel if available; rubber bottles should not be completely filled, and all air should be expelled before the stoppers are firmly screwed down.

(*c*) Washers should be examined to prevent leakage.

(*d*) The surface must be dried and the bottle or tin enclosed in a flannel or felt bag.

(*e*) A tin or bottle should be placed in a position comfortable to the patient, and always separated from the skin by a loose fold of the blanket.

Bed-Rests to support patient's back when sitting up in bed can be obtained (*Fig.* 57) or improvised. Bed-rests may be improvised as follows:—

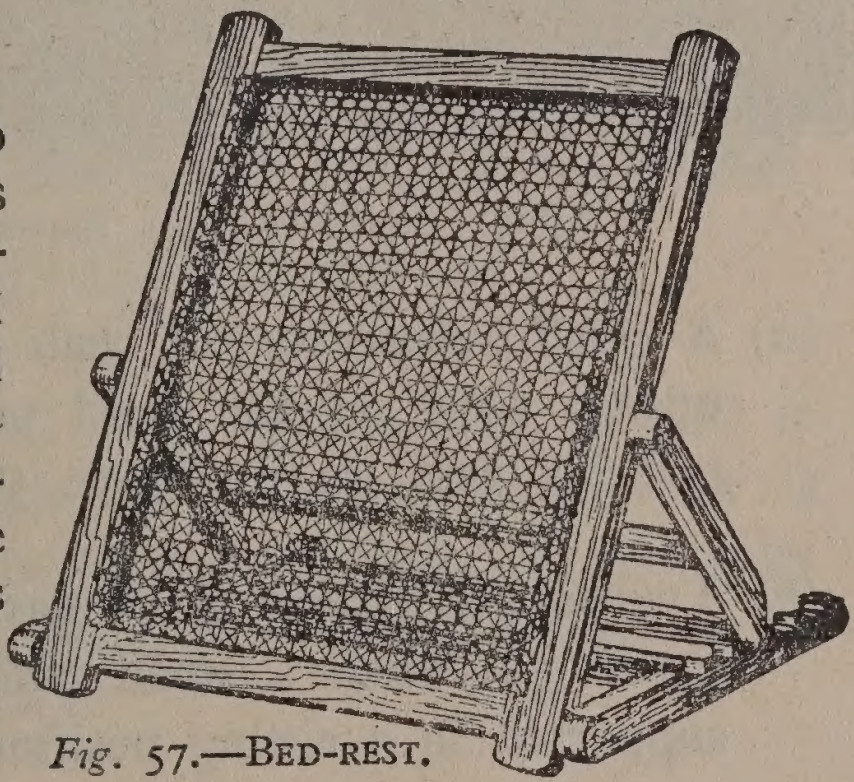

Fig. 57.—BED-REST.

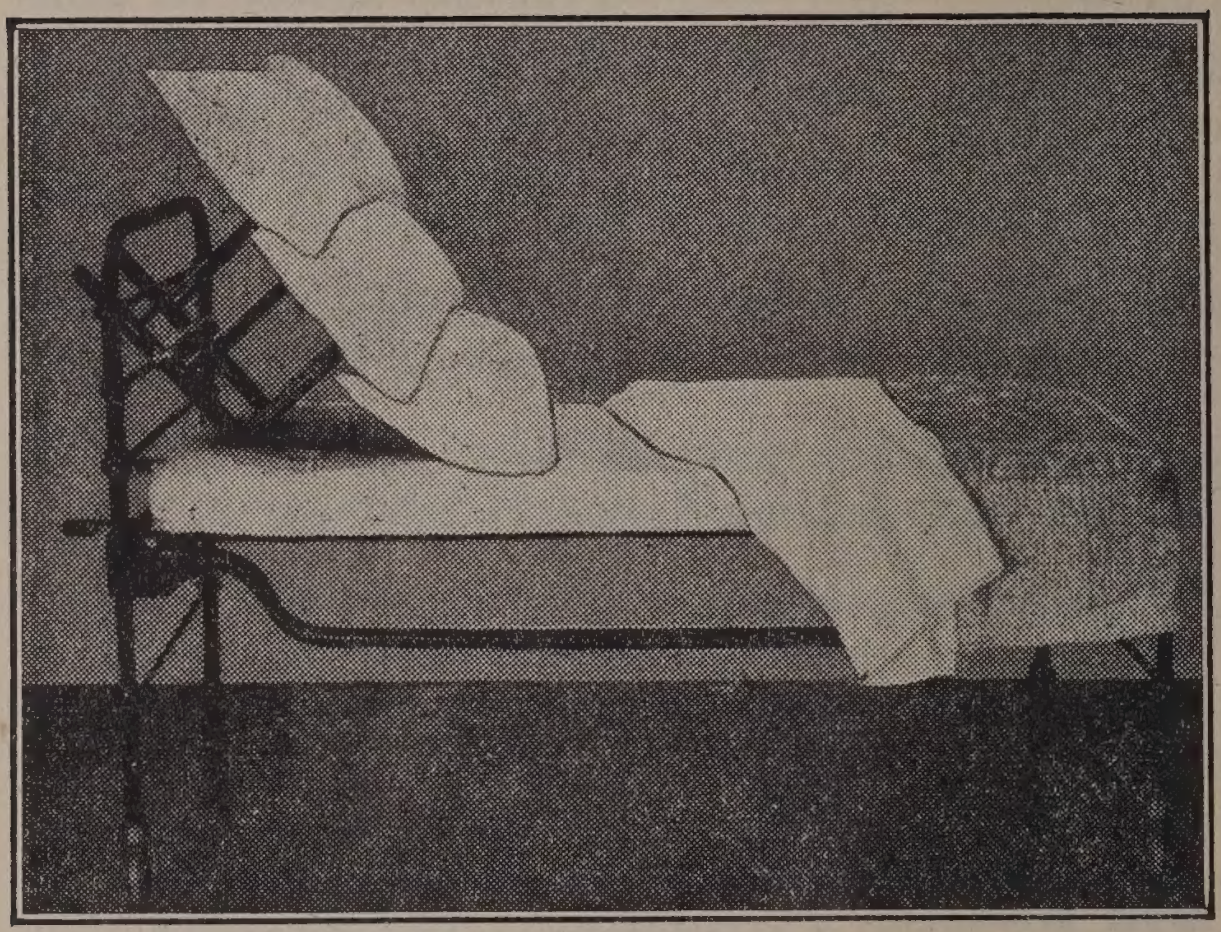

Fig. 58.—IMPROVISED BED-REST.

(*a*) A small square-backed chair may be placed upside down at the head of the bed and securely tied, as in figure 58.

(*b*) Two square-backed chairs may be placed as in figure 59, when a small child needs to be supported in a sitting position.

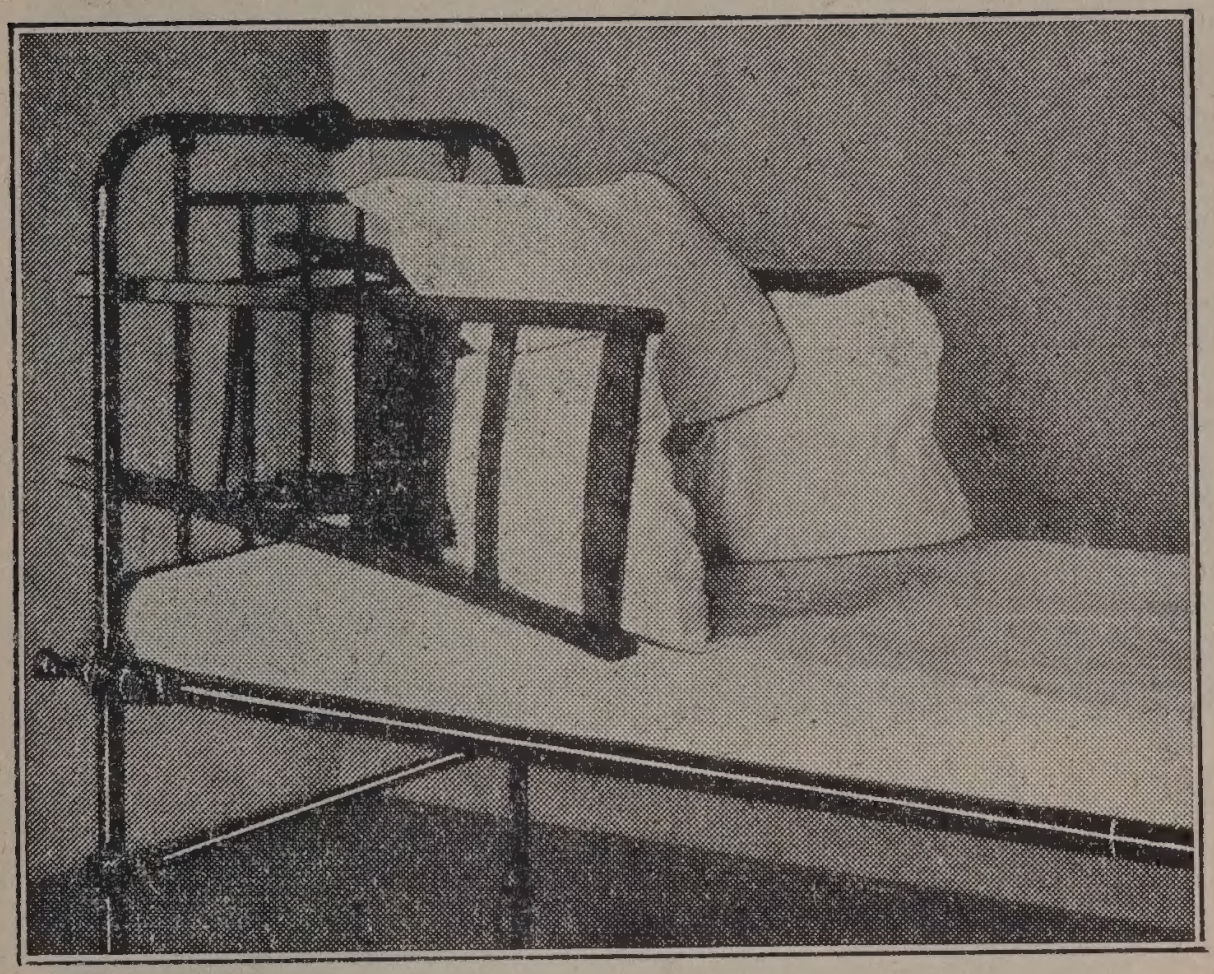

Fig. 59.—IMPROVISED BED-REST.

A Knee-Pillow, when allowed, may be used to give change of position. An ordinary pillow is covered by a mackintosh and draw-sheet, placed under the knees, and the ends fixed by tucking under the mattress. (*Fig.* 60.)

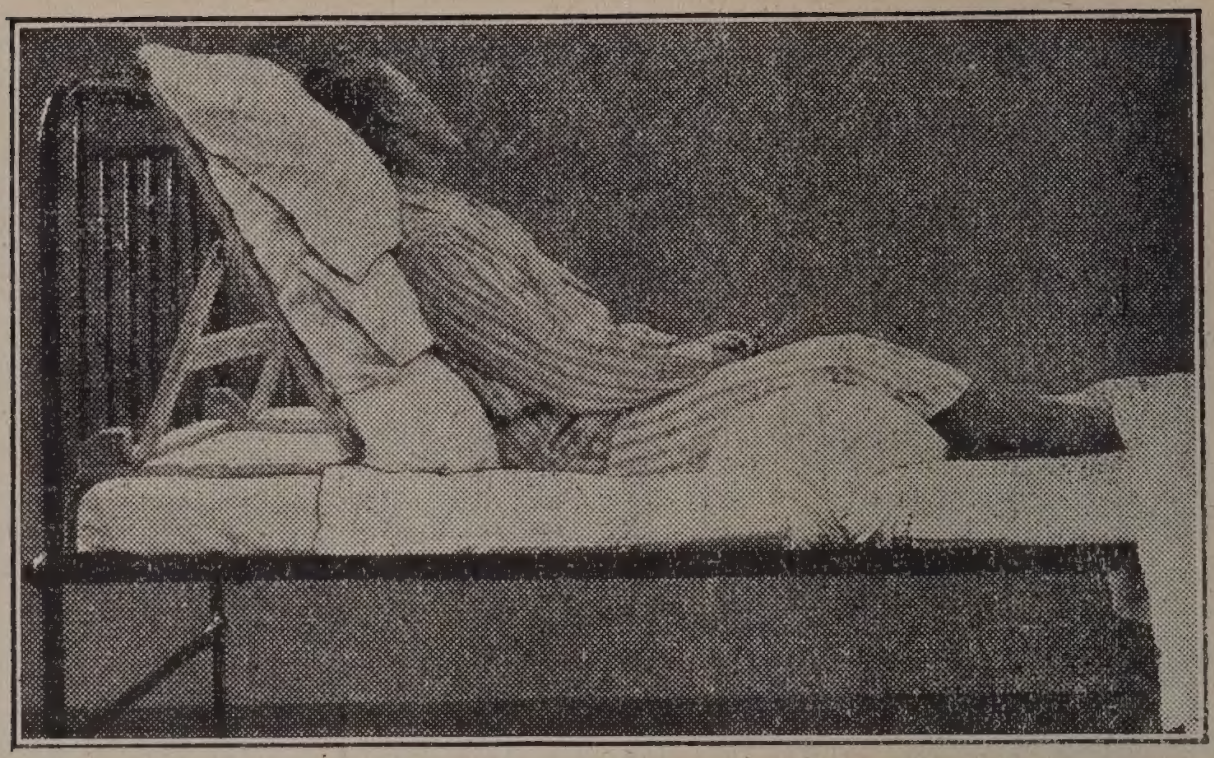

Fig. 60.—KNEE PILLOW (AND BED-REST).

Bed-Cradles are used to relieve any part of the body from the weight of the bed-clothes, and, when used, a thin blanket is laid over the part for warmth. When the ordinary wood or iron cradle (*Fig.* 61) is not available, a good substitute can be improvised from a box as in figure 62, or even from a stool.

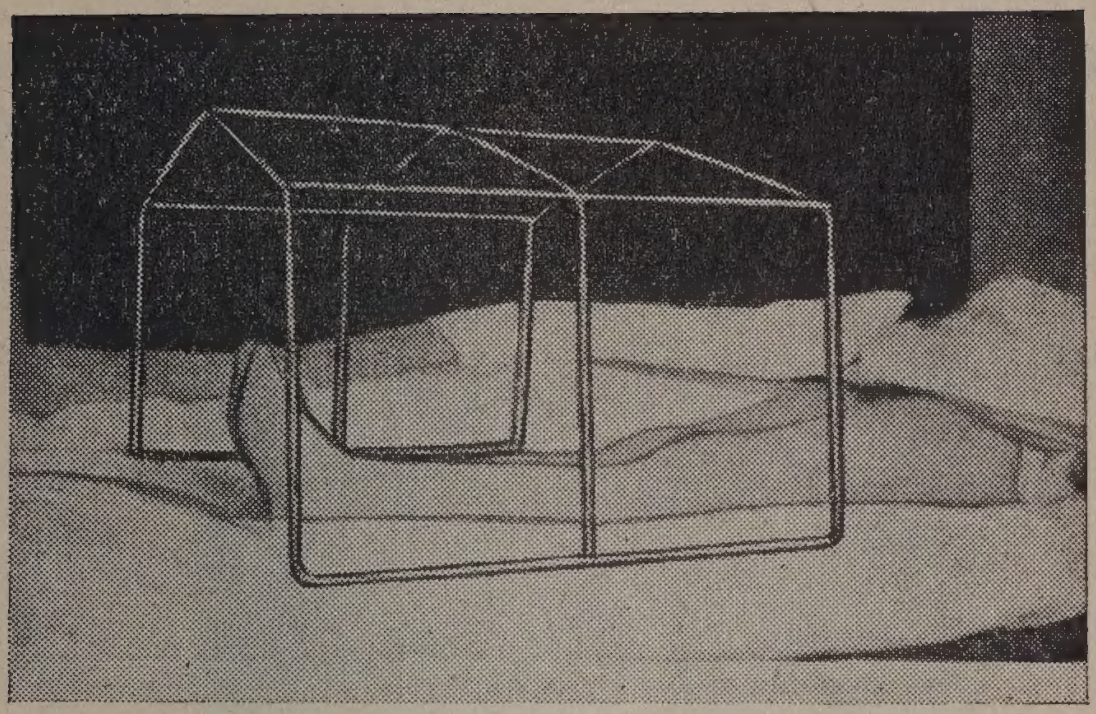

Fig. 61.—BED-CRADLE.

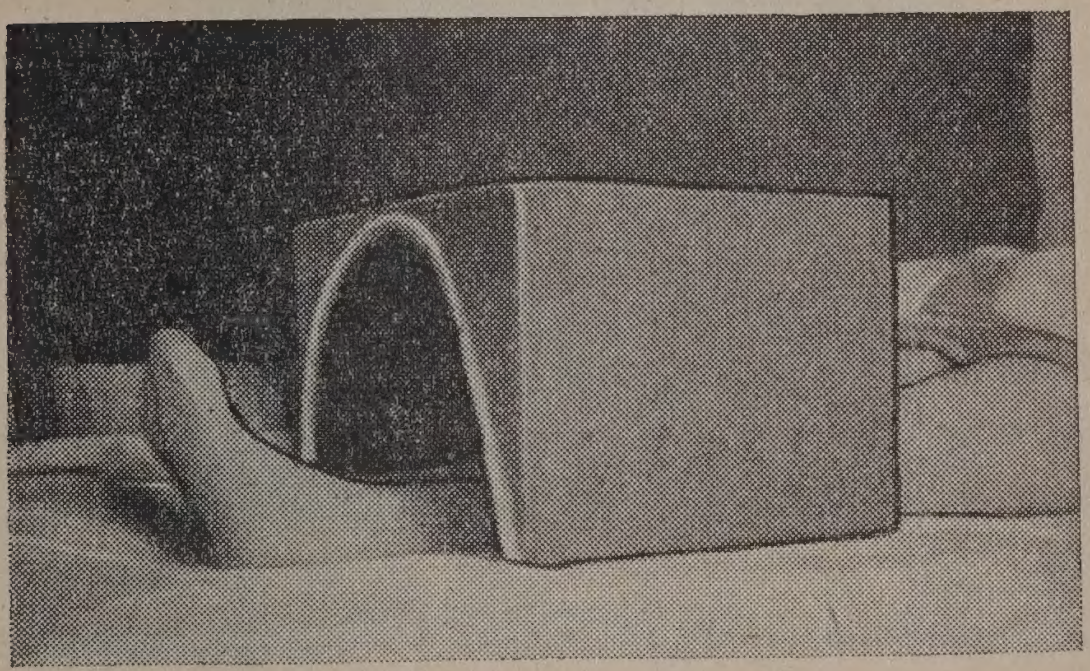

Fig. 62.—IMPROVISED BED-CRADLE.

Bed Tables are used when the patient must remain in bed, but is able to sit up. (*Figs.* 63, 64 and 65.)

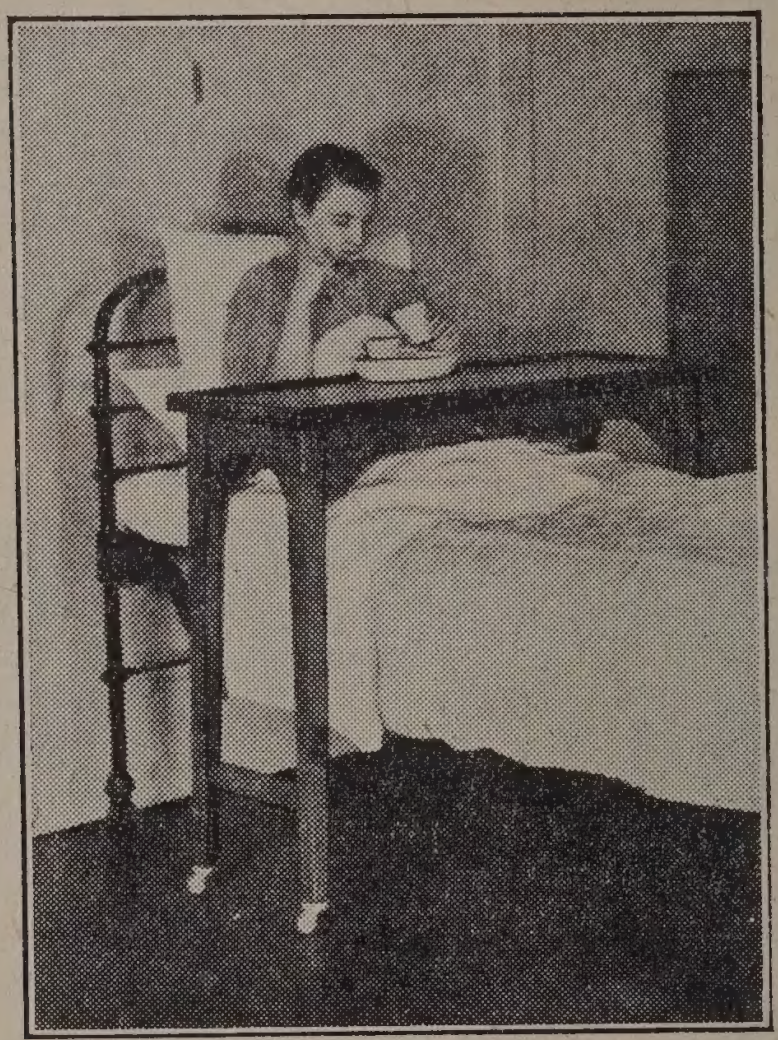

Fig. 63.—BED-TABLE.

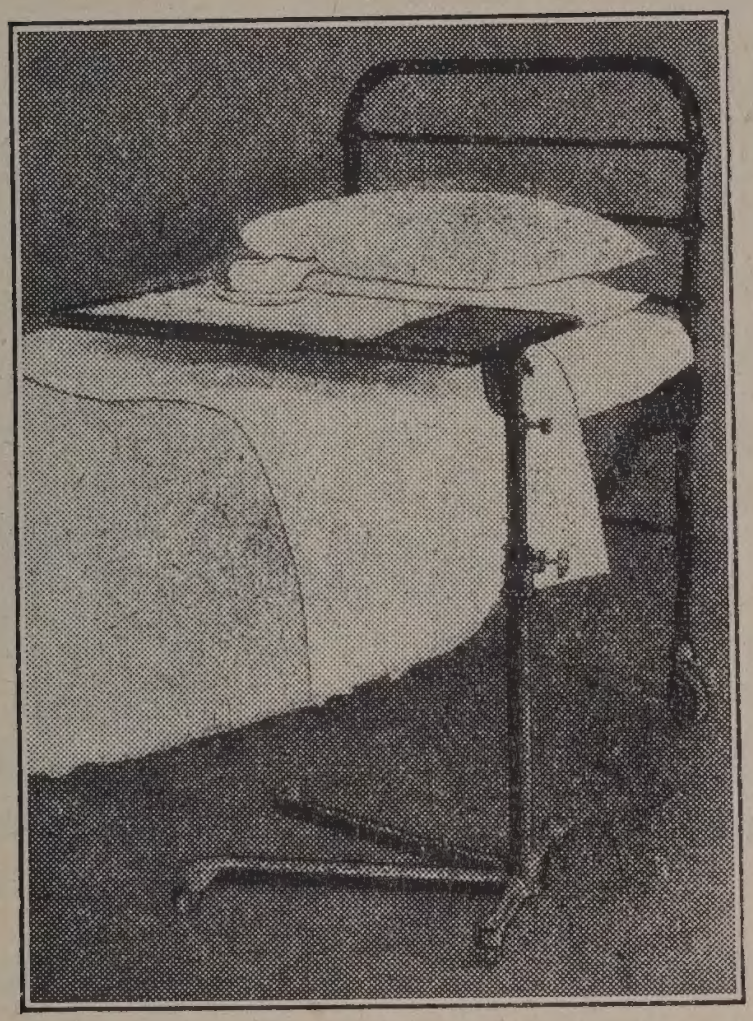

Fig. 64.—BED-TABLE.

Methods of Preventing Patients from Slipping when in a Sitting Position. There is always a tendency for the patient to slip down in bed when his back is raised, and to counteract this, some firm support should be placed against the foot of the bed so that the patient can press his feet against it.

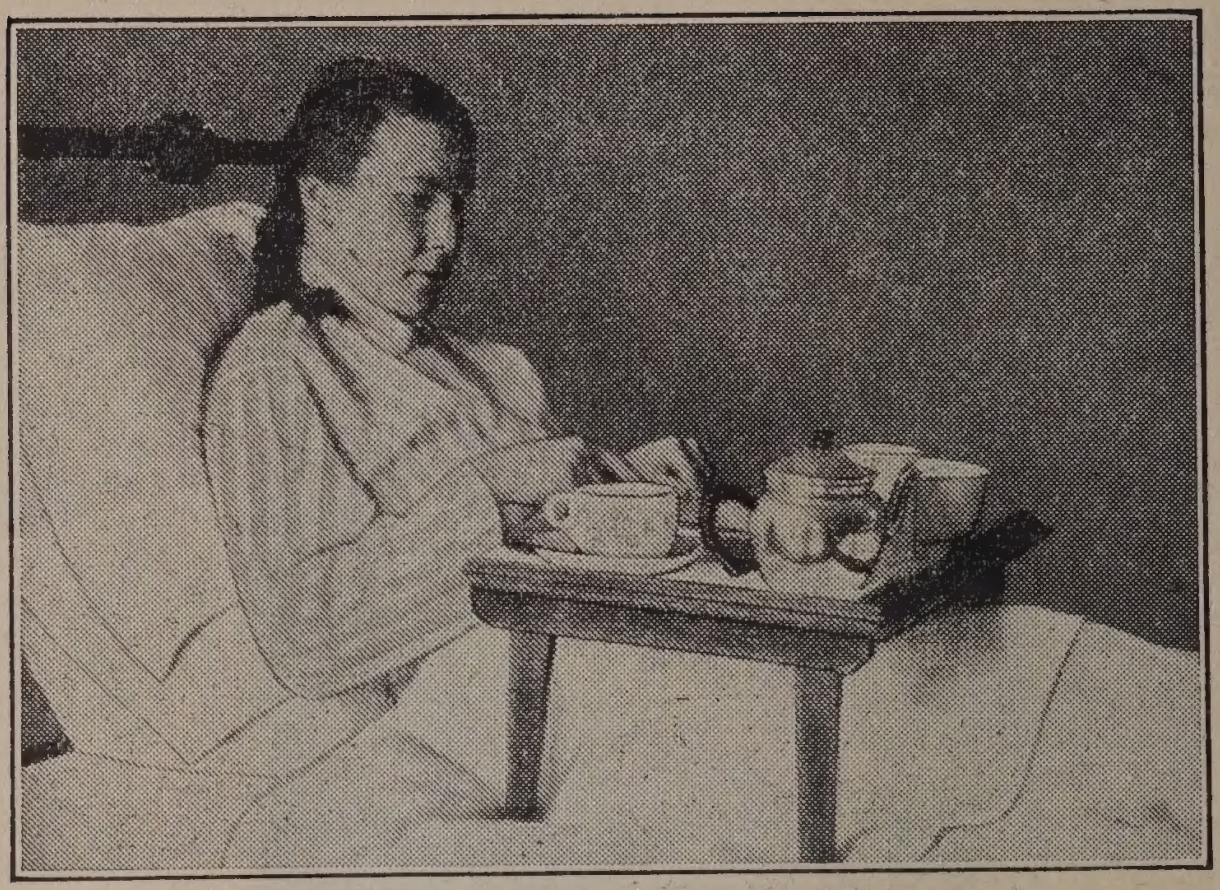

Fig. 65.—BED-TABLE.

This may be:—

(*a*) A firm pillow.

(*b*) A hassock held in place by covering it with a sheet or bolster case, the ends of which are firmly tucked under the sides of the mattress or attached by cords or bandages to the head of the bedstead. This has the added advantage of taking the weight of the bed-clothes off the patient's toes.

(*c*) Covered box or square stool.

CHAPTER VI

OBSERVATION OF THE SICK

One of the most important duties of the nurse is accurately to observe and report upon the patient's condition. The matters set out in this chapter are among those which need careful observation.

TEMPERATURE

The normal temperature of the body is 98.4° F., but in health it varies from 97° to 99° in different persons. In illness the temperature may fall below or rise above these limits, and is an important indication of the patient's condition.

The temperature of the body is taken with a

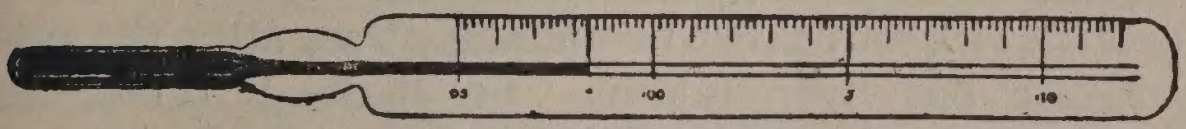

Fig. 66.—CLINICAL THERMOMETER.

Clinical Thermometer (*Fig.* 66), which differs from an ordinary thermometer thus:

(1) The scale is marked only from 95° to 110° as follows:—

(*a*) By long lines, four of which are marked 95, 100, 5 (representing 105) and 110.

Each long line represents a degree, so that if, after taking a temperature, the column of mercury reaches the line marked 100, then the patient's temperature is 100°; if the mercury reaches to the next long line, then the temperature is 101°, and so on.

(*b*) By short lines in groups of four between the long lines. Each short line represents two-tenths of a degree (0.2). If the mercury reaches the first short line above 101°, then the temperature is 101.2°, and if to the second short line, 101.4°, and so on.

(2) Normal body temperature (98.4°) is marked on the thermometer with an arrow.

(3) The column of mercury does not fall of its own accord, but must be shaken down after the temperature has been taken. To shake it down, the thermometer is held by the upper (not bulb) end, and then given a few sharp jerks in a downward direction. Care should be taken that the thermometer does not slip from the grasp.

Students are advised to practise reading the thermometer.

To take the temperature.

1. See that the mercury is standing at or below 95°.

2. Place the bulb of the thermometer in the patient's **mouth** or **armpit.**

(*a*) If the temperature is taken in the mouth, the bulb is placed under the tongue. The patient should be cautioned against talking, opening the lips, or biting the thermometer.

The temperature should never be taken in the mouth in the case of a very young child, an unconscious patient or one who suffers from fits, nor for at least a quarter of an hour after the patient has had a drink.

(*b*) If the temperature is taken in the armpit, the skin must be thoroughly dried, and care must be taken that no fold of bed-clothes or garment gets between the skin and the glass, which should be in close contact with the skin all round. Place the patient's hand across his chest, and ask him to press his arm against his side and carefully upon the thermometer.

3. Always take the temperature in the same place.

4. A slightly longer time than that marked on the thermometer should be allowed. Unmarked thermometers should be left in position for five minutes. Never let the patient take his own temperature, but place the thermometer in position, and see that it remains there for the required time.

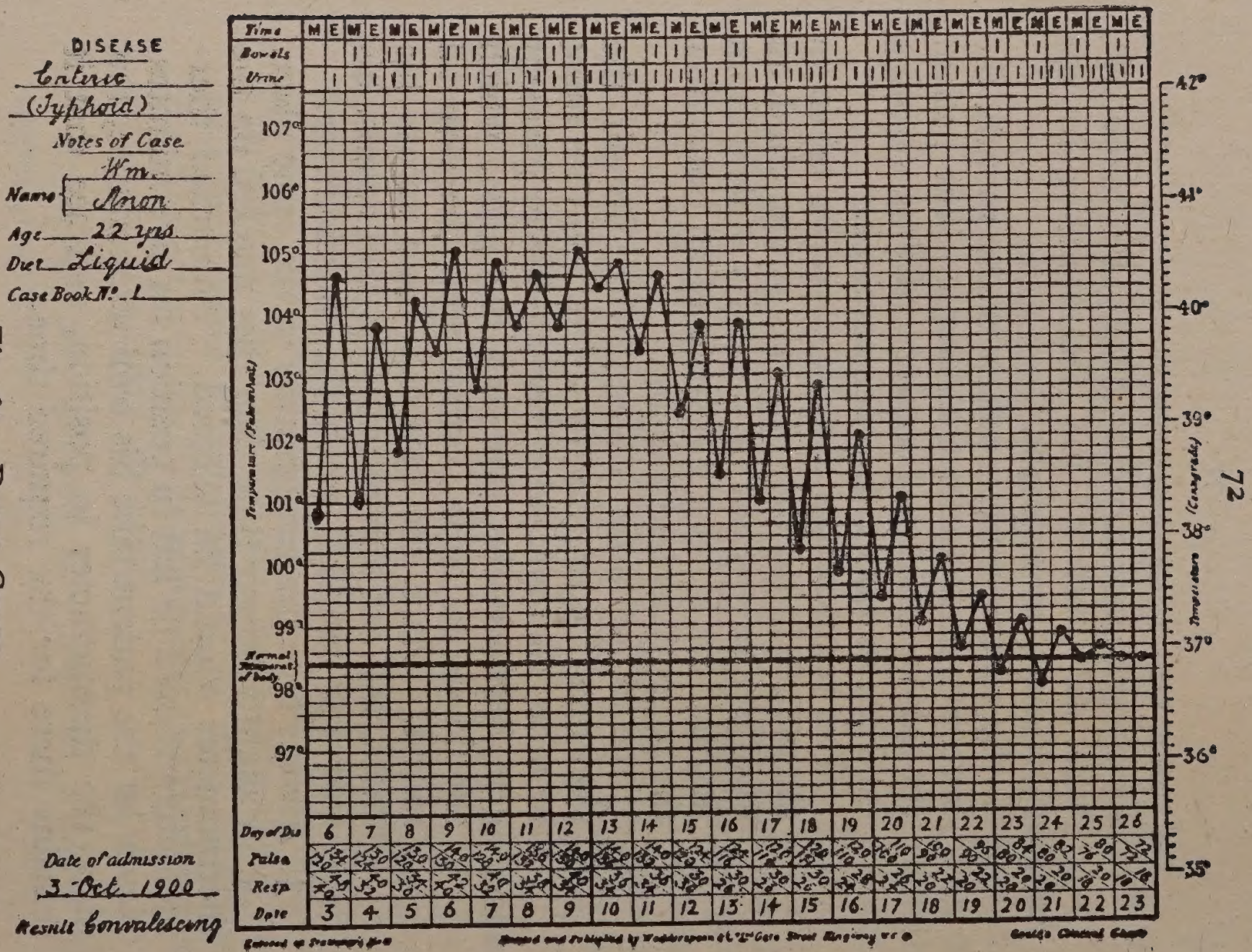

Fig. 67.—Daily Chart.

5. After removing the thermometer, the temperature should be read and recorded on the Daily Chart (*see Fig.* 67), and the entry confirmed by a second reading. The mercury should then be shaken down, the thermometer cleaned by washing in cold water, and placed in weak antiseptic lotion. It should afterwards be wiped dry and replaced in its case, bulb first.

THE PULSE

The pulse is that expansion of an artery caused by each beat of the heart, and can conveniently be felt in any artery near the skin as it passes over a bone.

To take the Pulse. This is usually taken at the wrist. The nurse places her first three fingers on the artery at the front of the patient's wrist (thumb side) and presses it lightly, so that she can feel the beat of the pulse. A watch with a second-hand should be used, and the beats counted for a whole minute.

The normal pulse rate is from—

(*a*) 72 to 80 beats per minute in adults.

(*b*) 90 to 100 in childhood.

(*c*) 100 to 130 in infancy.

Space is provided on the Daily Chart (*Fig.* 67) to record the pulse rate.

RESPIRATION

Each respiration consists of an inspiration indicated by the rise of the chest, and expiration indicated by the fall of the chest, and a rest.

To count the Respiration count the number of times the chest rises in one minute.

Space is provided on the Daily Chart to record the rate of Respiration.

STOOLS

A daily evacuation of the bowels is usual, but during sickness patients may suffer from constipation. Aperients must be treated like other medicines, and only given on the doctor's orders.

The nurse should observe anything abnormal as to colour, consistency and composition, and keep a record on the Daily Chart.

URINE

The nurse should observe quantity, frequency, colour and transparency, and keep a record on the Daily Chart.

VOMITS

The nurse should save all vomits for the doctor's inspection.

RIGORS

Sometimes during the course of an illness, a patient may have a severe fit of shivering called a rigor. A rigor is serious, and a special note should be made of its occurrence. When the patient is shivering, cover him very warmly, apply a hot water bottle to his feet and give him a hot drink.

BED-SORES

During the course of a long illness bed-sores may appear on the patient's back, hips and heels. The first sign is redness of the skin, and if this, or even the complaint of soreness, is neglected, the skin will be broken and an open wound will result.

The common causes of bed-sores are (1) undue pressure, (2) lumpiness of the bed-clothes, (3) creases or wrinkles in the draw-sheet or mackintosh, (4) anything which may cause slight abrasions, such as the rough edge of a bed-rest.

The nurse should do all possible to prevent bed-sores by relieving pressure by means of water-beds, air cushions, etc., changing the patient's position by care in bed-making, and also by giving special attention to bony prominences (*see* 79). If, through the patient's inability to retain excretions, it is impossible to keep the skin dry, a bland ointment such as Lanoline may be used.

CHAPTER VII
DAILY ROUTINE

The duties of the nurse usually begin when the patient awakes in the morning. After an early cup of tea, a bed-pan (*see Figs.* 68 and 69) should be given if required ; a quarter of an hour later the temperature, pulse and respiration should be taken and recorded ; the hands and face sponged ; the teeth and nails cleaned ; and the room tidied. After breakfast the patient should rest for half an hour, when he should be washed, the hair attended to ; his night clothes changed for day ones, the bed made, and the room aired and dusted. Preparations should then be made for the doctor's visit.

Fig. 68.—BED-PAN (Perfection).

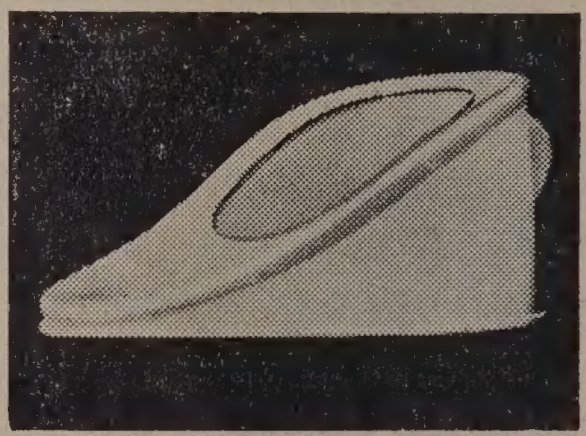

Fig. 69.—BED-PAN (Slipper).

After lunch the patient should be attended to, and left comfortable for at least an hour's rest.

In the evening the temperature, pulse and respiration are taken and recorded, and a routine similar to that of the morning is repeated.

CARE OF THE MOUTH

In illness the mouth needs special care, since the tongue may become furred and the lips dry and cracked, causing acute discomfort, and in any case the patient's appetite can be improved by the pleasantly clean feeling given by frequent skilled attention to the mouth.

To keep the mouth moist, liquid paraffin, glycerine and borax or glycerine and lime or orange or lemon juice diluted with water should be lightly applied to the lips, tongue and gums.

To clean the Teeth. When the patient is unable to clean his teeth as usual, the nurse should use an orange stick or dissecting forceps, cover the ends with cotton wool, and, using a solution of bicarbonate of soda, carefully clean the teeth and between the gums and cheek. Gentleness is most necessary in order not to cause bleeding, and the nurse should avoid touching the soft palate or back of the tongue, which may cause retching or even vomiting.

If the patient is wearing dentures, they should be removed and placed in a suitable receptacle while attention is paid to the mouth, and then cleaned and replaced.

CARE OF THE HAIR

The morning and evening toilet should be completed by combing and brushing the hair and arranging it as the patient wishes. When patients

have long hair and are lying down for the greater part of the day, it is most comfortably arranged in two plaits with the ends securely tied.

BLANKET BATH

Daily washing is essential for keeping the skin clean, and adds greatly to the patient's comfort. Everything required should be placed in readiness at the bedside, namely: washing bowl, jug of hot water, pail, soap, flannels, nailbrush, towels, methylated spirit, surgical spirit or eau de cologne, and dusting powder; two blankets on a clothes horse in front of the fire.

When all the requirements are ready—

1. Close all the windows and put the patient's day or night clothes to air and warm.

2. Remove the top bed-clothes, with the exception of a blanket next to the patient, and place them on a chair—never throw them on the floor.

3. Cover the patient with one of the warmed blankets, and remove the bed blanket; roll the second warmed blanket under him. Remove the patient's clothing. First undo all fastenings, and then if the garment has to be removed over the head, ease the back up over the shoulders and slip out the arms one at a time. In the case of an injured limb, the clothing must first be drawn off the limb that is uninjured, and then off the injured one.

4. The washing is now carried out quickly and

efficiently. Wash and dry the face and neck, using firm pressure and avoiding light dabs. Washing well behind the ears has a refreshing effect.

5. Wash and dry each arm separately outside the blanket.

6. While holding up the blanket with one hand, wash and dry the front of the body.

7. Wash and dry the legs and feet one at a time outside the blanket.

8. Wash and dry the back.

9. Particular attention should be paid to the skin covering bony prominences. These should be washed, massaged with a soapy hand (a circular movement being used) and then rubbed with spirit, and finally dusted lightly with powder. This treatment helps to prevent bed-sores.

10. Powder the armpits, under the breasts, and any folds of the skin.

11. The patient is then dressed in the warmed clothes, and the bed is made.

DOCTOR'S VISIT

Have everything in good order ready for the doctor's visit, and have a written report ready for him to see.

When the doctor has found it necessary to send a message about treatment by telephone or by a third person, the nurse should have it confirmed by the doctor at his next visit.

CHAPTER VIII

FOOD

Food has three main purposes:—

1. To provide material for the growth and repair of tissues.

2. To provide "fuel" as a source of energy and heat.

3. To maintain good health.

A well-balanced diet which meets these requirements should contain sufficient amounts of (1) Proteins, (2) Fats, (3) Carbohydrates, (4) Vitamins, (5) Mineral Salts, (6) Water, and (7) Roughage.

1. **Proteins** mainly serve to build up the body and make good the wastage of tissues. Foods rich in proteins, include milk, cheese, eggs, fish and lean meat.

2. **Fats** provide heat and a certain amount of muscular energy. Butter, fat meat, milk, cheese and eggs are good sources of fat.

3. **Carbohydrates** are the most readily available sources of energy. They are divided into two main classes—starches and sugar. Foods rich in starch include bread, potatoes, rice, tapioca, sago,

and cornflour, while those rich in sugar include honey, jam, syrup, dried fruits and fruit juices.

4. **Vitamins** are various chemical substances present in small amounts in the foods included in a well-balanced diet. They are distinguished for convenience by a letter of the alphabet. (*See* Appendix.)

5. **Mineral Salts** (including iron, iodine, calcium, etc.) are essential for normal growth and health, and a good mixed diet should contain sufficient.

6. **Water** is necessary for the performance of all body processes. It forms the greatest part of blood, and serves for the solution and conveyance of food to the various parts of the body. It acts in a similar way in carrying waste substances from all parts of the body to the skin and kidneys. Although the solid food eaten contains a large proportion of water, three or four pints of water or other fluid should be included in the daily diet.

7. **Roughage** is the name given to the indigestible part of fruit and vegetables. It is valuable to the diet, since it gives bulk to a meal and thus stimulates the action of the bowels.

MILK

Milk is one of the most valuable of foods. In itself it is not a complete diet for an adult, but forms the foundation of liquid and light diets by providing nourishment in a delicate form, easily

taken and usually easily digested. Milk should form a substantial part of the diet of growing children.

The grades of milk produced under conditions laid down by the Ministry of Health are Tuberculin Tested, Accredited and Pasteurised. It is difficult to pasteurise milk successfully at home without special apparatus, and consequently for safety milk may be brought quickly to the boil in order to kill germs.

STORING OF FOODS

Any place where food is stored should be on the cool side of the house with through ventilation, and be kept scrupulously clean. Odd scraps of food should never be allowed to collect and decompose in the larder.

Some foods need special care :—

Milk. Fresh milk is best kept in a shallow bowl, but it must be covered with some light cover that will keep out dust and flies, but not air. All vessels in which milk is stored must be kept scrupulously clean by washing well, first in cold water, then in hot, and finally by scalding with boiling water. Never mix fresh milk with other milk.

Eggs and Butter. Keep in a cool place away from any food with a strong smell, such as fish or onions. Keep butter covered.

Meat. Joints should be hung in a cool place and covered with muslin or a net cover. Smaller pieces should also be covered.

Fish is best eaten as fresh as possible. If it must be stored, keep it cool, also covered and away from other foods.

THE SERVING OF FOOD

The amount of food ordered by the doctor should be distributed over the day and night. A patient will not, as a rule, need to be given as much food at night as in the daytime, sleep being generally more essential than food. Unless ordered to do so, never waken a patient to give him food.

All meals should be served punctually, and before they are brought into the room the patient's hands and face should be sponged.

The tray should be arranged neatly and look attractive, and the tray cloth and utensils should be spotlessly clean.

The bedding and clothing should be protected with a table napkin.

When the meal is over, the tray should be taken away at once, and no food should be left in the sick-room.

If the amount of liquid allowed is limited, measure the quantity ordered and distribute it over the twenty-four hours.

Food should never be cooked in the sick-room.

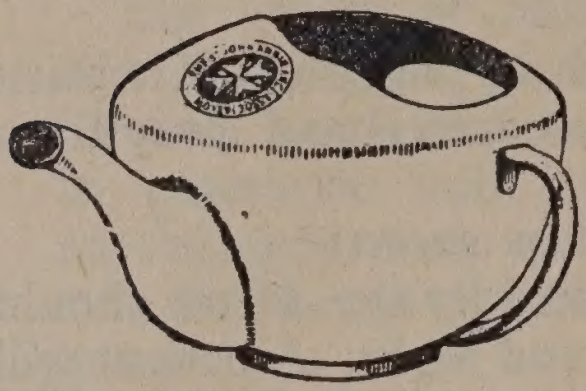

Fig. 70.—Feeding Cup.

In raising a helpless patient to drink, the nurse passes her forearm behind the pillow to support the head and shoulders. If a patient is unable to raise the head, a china feeder (*Fig.* 70) is necessary—a small teapot is an efficient substitute. Some patients prefer the Ideal feeder (*Fig.* 71) or even a glass tumbler. A glass tube bent at the end, a piece of fine rubber tubing, or even a drinking straw through which the patient can draw up fluid himself may be used.

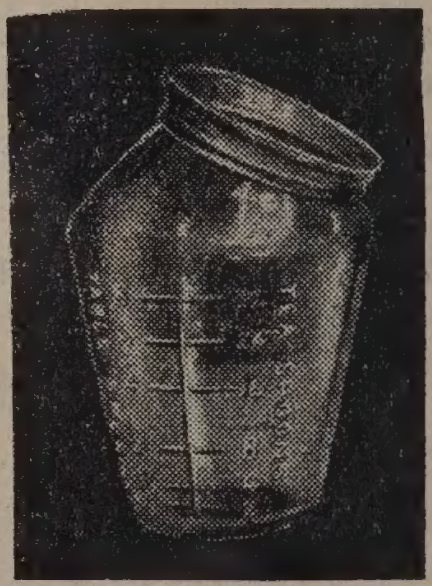

Fig. 71.—Ideal Feeder.

COOKING OF FOOD

By means of cooking the constituents of food are partially broken up so that it is more easily masticated and acted upon by the digestive juices. Cooking also makes the food more appetizing, which stimulates the digestive juices. Bad cooking renders food indigestible and causes waste.

RECIPES FOR SOME BEVERAGES IN COMMON USE

Albumen Water. Stir the whites of two fresh eggs in half a pint of cold boiled water to which a pinch of salt has been added; leave for half an hour before serving.

Barley Water (*thin*). Half-pint of boiling water, one teaspoonful of washed pearl barley, pinch of salt.

Put the ingredients into a saucepan and let it stand by the fire for an hour, stirring occasionally. Strain it through fine muslin and allow to cool.

Barley Water (*thick*). Boil slowly a heaped tablespoonful of washed pearl barley with a pinch of salt in a quart of water until a quarter has boiled away; allow to cool.

Beef Tea (*quick*). Half-pound lean gravy beef, half-pint of cold water, half teaspoonful of salt.

Remove the fat and skin from the beef; scrape it finely with a knife; place it with the water in a saucepan; warm it over a moderate heat for ten minutes, meanwhile pressing out the juice of the meat; strain out the meat and skim off all fat. The tea should not be heated above 158° F. or the albumen in it will coagulate.

CHAPTER IX

METHODS OF TREATMENT

The treatment of illness may be summarised as (1) Removing the cause ; (2) Promoting conditions most favourable to Nature's efforts to effect a cure ; and (3) Aiding Nature's efforts.

1. **Removing the Cause.** Treatment under this heading includes getting rid of or providing an antidote to a poison, moving a patient from a close and stuffy atmosphere to a well-ventilated one, and efforts to render harmless any germs which are the cause of the illness.

2. **Promoting conditions most favourable to Nature's efforts to effect a cure.** Treatment under this heading may be summarized as **REST.** This may be:—

(*a*) General to the whole body (e.g., keeping a patient in bed).

(*b*) Local—to the part of the body affected (e.g., the use of splints, plasters, etc., to provide rest in the case of a fracture).

(*c*) Mental. This is often more difficult to obtain than physical rest, and every effort should be made to prevent the patient worrying (e.g., attempts should be made to arouse his interest in hobbies, wireless, books, etc.).

3. **Aiding Nature's efforts.** This may be done

by (A) medicines to be taken internally, and (B) external applications.

(A) Rules for giving and storage of medicines.

1. Before giving medicines, the label should be read—never trust to memory as to appearance, smell or dosage.

2. Medicines ordered to be given after food should be given immediately after meals; those ordered before food should be given 20 minutes before a meal, unless special instructions have been given.

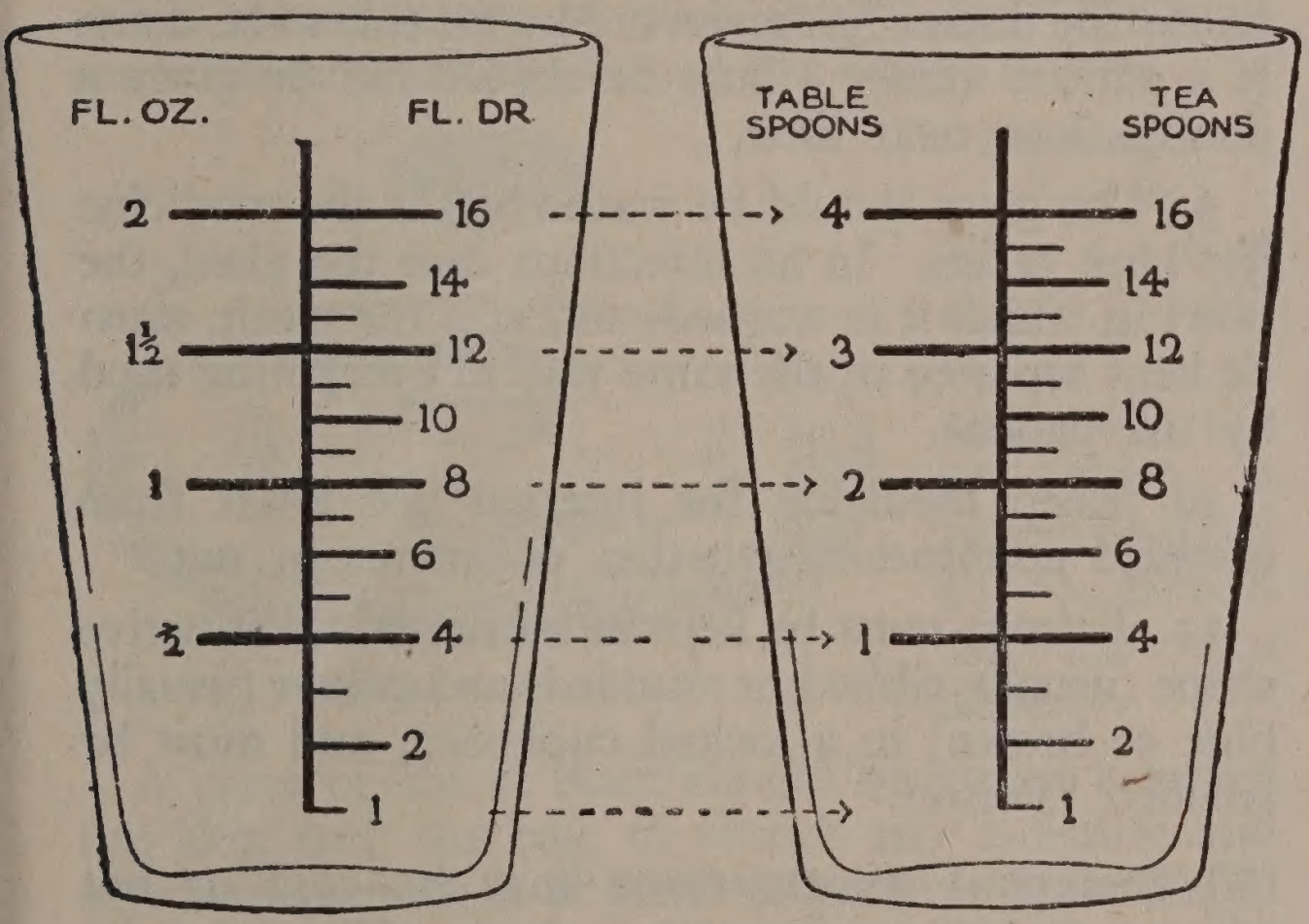

Fig. 72. *Figs. 72-73.*—MEASURE GLASS. *Fig. 73.*

3. Shake all fluid medicines.

4. When pouring out medicine the bottle should be held with the label uppermost to keep it clean.

5. Pour the dose of medicine into a measure glass (*Figs.* 72 and 73), which should be held level with the eyes to ensure correct measurement.

6. See that the patient takes the medicine.

7. Re-cork and replace the bottle immediately.

8. The patient should not be wakened for medicine unless the doctor has given orders for this to be done. If a patient misses a dose he should not be given a double dose next time.

9. The glass should be washed after the medicine has been taken. In an infectious case the glass, the bowl in which it is washed, and also the cloth, must be kept separate in the same way as everything used by the patient.

10. Keep medicine for internal use apart from outward applications whether poisonous or not.

11. Poisons must be kept in bottles of a distinctive shape (usually ribbed or studded) and colour (usually blue or brown) in a locked cupboard, and must be labelled "Poison."

(**B**) **External applications** may be cold or hot (dry or moist) or a counter-irritant. They may be

for application to the whole body (General application) or only part of the body (Local application).

Examples of these are:—

Cold compress. A piece of linen folded twice is soaked in cold water, wrung out until it does not drip when held up, and applied to the affected part. The compress should be left uncovered to encourage evaporation.

The compress should be kept cool and moist, and a second piece of linen should be soaking in readiness to take the place of the first as it dries.

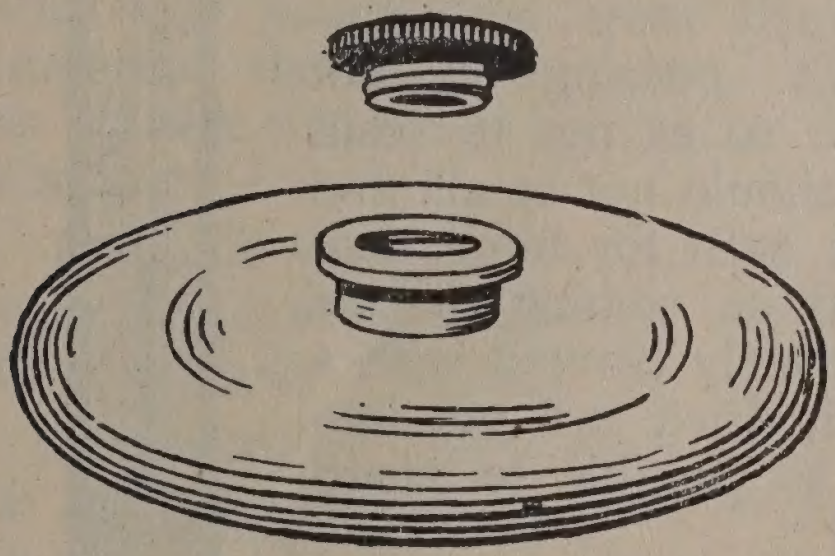

Fig. 74.—ICE-BAG.

Ice-Bag.
(*Fig.* 74.)
The ice-bag should be half-filled with chopped ice to which a teaspoonful of common salt has been added.

A piece of lint or linen should be placed between the skin and the bag to absorb any moisture and lessen the sensation of cold. If possible it should be suspended in such a manner that the weight does not

rest on the part to which it is to be applied. The ice-bag should be refilled before the ice has completely melted, and it should not remain in position for too long.

Ice should be kept in a dark cool place. It is most easily broken by placing it on a piece of flannel and piercing it by a metal skewer or ice-pick.

Hot Bath. The temperature of the water should be from 98° F. to 105° F., and should be checked by using a bath thermometer (*see Fig.* 75). The temperature ordered must be maintained by slowly pouring in hot water at the side so as not to scald the patient. He should not be allowed to remain in the bath for more than ten minutes, and on coming out he should be immediately covered with a warm bath towel, dried and put into bed as quickly as possible to guard against chills.

A sick person should never be left unattended in the bath, because he may faint.

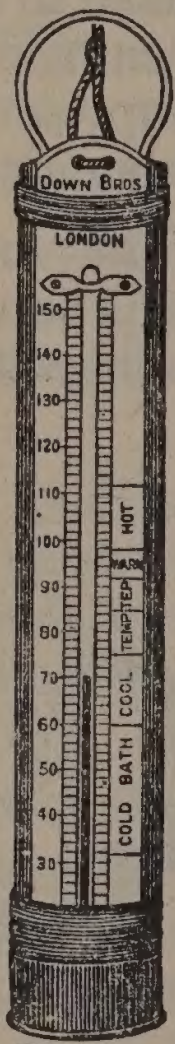

Fig. 75.
BATH
THERMOMETER

Hot Fomentation (plain). Requirements: Basin and towel; three thicknesses of flannel cut to

required size; piece of jaconet, oiled silk or grease-proof paper half an inch bigger in all directions than the flannel; cotton wool to cover jaconet; roller bandage or many-tailed bandage.

The flannel should be folded into the towel, placed in the basin, and boiling water poured on to it till it is covered.

The basin should now be carried to the bedside, and the fomentation wrung out by turning the ends of the towel in opposite directions. The towel may have wide hems at the ends through each of which a stick may be placed to facilitate wringing. It is important that the flannel should be wrung as dry as possible and shaken free from steam to prevent scalding.

It should be applied to the part and covered first with jaconet or oiled silk, then with wool, and secured in position by a bandage.

Fomentations cool quickly and so require renewal at least four-hourly, or more frequently when pain is acute. The piece of flannel can be utilised again for the same patient.

Poultices

(*a*) **Linseed.** The requirements are linseed meal and olive oil; basin and kettle of boiling water; spatula or table knife standing in a jug of hot water;

piece of lint or old linen cut slightly larger than area to be covered; jaconet, oiled silk or grease-proof paper and cotton wool; bandage, many-tailed bandage or binder; board or wooden table and two warmed plates.

The patient should be put into a comfortable position to obviate delay when the poultice is made.

The boiling water should be poured into the heated basin and the linseed added gradually, stirring all the time.

When the linseed is mixed smoothly and comes away from the basin, leaving the sides clean, it should be emptied on to the smooth side of a piece of lint on the table and spread thickly and evenly.

The linseed should be about half an inch thick and spread to within one inch of the edges of the lint. The uncovered edges of lint should be turned neatly over the edges of the linseed, a little olive oil should be spread on the linseed, and the poultice folded in half—placed between hot plates and taken to the bedside.

It should be unfolded and placed on the affected part (the linseed next to the skin), covered with the jaconet and wool, and bandaged in position.

As linseed poultices lose their heat rapidly, care should be taken to see that they are made and applied as quickly as possible.

(*b*) **Bread.** Breadcrumbs loosely wrapped in gauze should be put into a bowl of boiling water. The bowl should then be placed over a saucepan of boiling water for 15 minutes, when the water should be squeezed out by spreading the bag flat, and the poultice applied to the part.

(*c*) **Kaolin.** Kaolin is a preparation of medicated clay, which retains its heat for 12 to 24 hours, and has largely superseded the use of linseed and bread poultices.

The Kaolin should be warmed by standing the tin with the lid off in a saucepan of boiling water until it is heated throughout. It is then spread evenly on the smooth side of a piece of lint or a piece of linen to a thickness of about a quarter of an inch. The nurse should try its heat on her own arm before applying it. It should be applied directly in contact with the skin, covered with a piece of cotton wool, and fixed in position.

(*d*) **Mustard.** The proportion should be one part of mustard powder to five of linseed meal for an adult, and one part of mustard powder to from eight to fifteen of linseed for a child. The linseed and mustard should be thoroughly mixed while dry, and the water should be off the boil. In other ways the method is the same as for a linseed poultice.

Care must be taken not to blister the skin, and the nurse should raise one corner of the poultice after three to ten minutes so that she can see the degree of reddening and, if necessary, remove the poultice.

Poultices are usually ordered to be re-applied four-hourly, but in no case must a cold poultice be left on. It should be removed and replaced by warm wool.

Liniments. These are soapy, oily preparations used chiefly for the relief of pain. The liniment should be warmed by standing the bottle in a basin of boiling water, and a little should be rubbed into the skin until it is reddened and warmed. The part should then be covered with warm wool fixed with a bandage.

Iodine. The part to be painted should be dried and outlined with vaseline and the bed-clothes protected by a towel.

The iodine (a strong preparation) should be painted evenly over the skin either with a camel-hair brush or a cotton wool swab. A second or third painting may be necessary, allowing each previous coat to dry. The part should be covered with a dressing bandaged into position.

CHAPTER X

INFECTIOUS DISEASES

Infection is the presence of disease-producing germs in the tissues of the body and the consequent production of the disease for which they are responsible.

Germs or Bacteria are so small that they are invisible to the naked eye, although many can be seen and studied with the aid of a microscope. They exist in soil, dust, water and many other places, including the skin and intestinal tract of both man and animals, and they thrive best in damp, dark, airless places. It is important, therefore, that as much sunlight and fresh air as possible should be allowed to enter all living-rooms and especially a sick-room.

When a case of infectious disease occurs in the home it will probably be necessary to notify the Local Health Authority and for the patient to be removed to an Isolation Hospital. If, however, permission is given for the patient to be nursed at home the following precautions against the spread of the disease must be taken :—

1. The patient must be strictly isolated, and only the nurse should enter the sick-room.

2. If any unnecessary furniture or other articles are removed from the sick-room they must be disinfected.

3. At the outset of the illness it may be advisable to soak a sheet in a weak disinfectant and hang it outside the sick-room door, allowing the lower end to remain in a bath containing disinfectant. This procedure is no longer thought indispensable, but serves as a preventative against the scattering of dust, both from and into the sick-room, and also as a reminder to the other occupants of the house not to enter the sick-room.

4. When in the sick-room the nurse should wear a loose gown of material which can be disinfected by boiling. The gown should be kept in the sick-room, and the nurse should be careful that the outer surface of the gown does not touch her clothes when either putting it on or taking it off.

5. Unless there is running water in the sick-room, a table containing a bowl, jug of water, soap, nail brush, towel and hand lotion should be kept near the door so that the doctor and nurse may wash their hands before leaving the sick-room.

6. All cotton wool, dressings, etc., and floor sweepings should be burnt in the sick-room fire, as also any food taken into the sick-room but not required by the patient.

7. Articles used by the patient must be kept apart from any others.

8. All soiled linen removed from the bed and personal linen should be placed in a pail of disin-

fectant and allowed to remain in it for 12 hours before washing and boiling. If any is sent to a public laundry it must be wrung out of the disinfectant, boiled for 20 minutes and dried. The laundry must be informed of the steps which have been taken.

At the conclusion of the illness, disinfection of the sick-room and its contents should be carried out without delay, and to do this the assistance of the Local Sanitary Authority should be sought.

APPENDIX
VITAMINS

The following information regarding vitamins will be of use in arranging suitable diets.

Vitamin A promotes normal growth, and raises resistance to infection. A deficiency creates a tendency to frequent colds, and in extreme cases may cause an eye disease, the first symptom of which is twilight blindness. The vitamin is present in the fat of milk, and consequently also in cream, cheese and butter, eggs, cod-liver oil and all fat from animal sources with the exception of lard and bacon. Green vegetables, carrots, tomatoes, and bananas also contain some Vitamin A. A balanced diet will provide sufficient Vitamin A, but there are certain proprietary preparations containing the vitamin in a concentrated form, and these are sometimes ordered in the medical treatment of certain conditions.

Vitamin B is necessary to maintain the nervous system in good health. The average diet in Britain supplies an adequate amount, since it occurs in a good mixed diet, but especially in wholemeal bread, yeast and yeast extracts, milk, eggs, liver and other internal organs of animals. In countries where the staple diet consists of polished rice or refined white flour and bread, a disease called beri-beri is fairly common, but is prevented by the use of unpolished rice and wholemeal flour, which have not had their Vitamin B removed in the refining process.

Vitamin B2 is distinct from B, although both are found in the same foodstuffs, e.g., yeast and yeast extracts, wheat, liver, fish, eggs and milk. It plays a part in controlling growth, is essential to digestion, to the maintenance of nervous stability and a healthy skin.

Vitamin C is plentiful in fresh fruit and vegetables, such as lemons, oranges, black and red currants, tomatoes, spinach and cabbage; it also occurs in milk to a lesser degree. It is easily destroyed by heat, and consequently the long cooking or re-cooking of food probably makes the food worthless as a source of Vitamin C. Until recently, tinned and bottled fruits lost their Vitamin C in the process of preservation, but now a method has been established whereby the vitamin remains undamaged.

Vitamin C has been isolated and is called ascorbic acid. This may be procured in the form of tablets, but orange juice is the usual form in which extra Vitamin C is taken.

Vitamin D, or Calciferol, is present in animal fats with the exception of bacon and lard. Consequently a diet containing milk, butter, eggs, meat and fish, should supply an adequate amount. Margarine, which is made largely from vegetable oils, is naturally deficient in Vitamin D, but this is rectified by the addition of a special preparation to the product.

Vitamin D is essential for the normal growth of bones and teeth; consequently it is extremely important in the diets of growing children and nursing mothers.

Cod-liver oil and halibut-liver oil are reliable sources of Vitamin D, and for this reason may be given to babies from the age of two months.

Vitamin E is present in eggs, meat, green leaves, wheat, oats, etc., and an ordinary mixed diet contains sufficient amount. Preparations such as wheat-germ oil are sometimes ordered by doctors when the diet is considered to be deficient in this respect.

Research is continuing on the subject of vitamins, and probably many new discoveries will be made.

INDEX

	Page
Abdominal Wound	36
Accredited Milk	82
Advice to Nurses	7
Aids to comfort in bed	60, 75
Air	12, 14, 42
Air-cushions	75
Albumen Water	85
Anatomy	9
Ankle, bandage for	28
Antiseptic Lotion	73
Aperients	74
Applications, external	87, 88
„ general	89
„ local	89
Arteries	13, 73
Bacteria (*see* Germs)	
Bandages	15—38, 91, 92
Bandaging, rules for	16
Barley Water	85
Barrel Bandage	35
Bath	7
„ Blanket	78
„ Hot	90
„ Thermometer	90
Bed	39, 47, 60
„ making of	47, 75, 76
„ „ when occupied	51
Bed Cradles	64
„ Pan	76
„ Rests	61, 75
„ Sores	75, 79
Bed Tables	66
Bedstead	47
Beef Tea	85
Beverages	85
Bicarbonate of Soda	77
Blanket Bath	78
Blankets	48, 49
„ to tuck in	49
Blood	11, 12, 13, 14, 16, 81
„ circulation of	12, 13
„ vessels	13
Body, functions of	9
„ structure of	9
„ temperature of	11, 69
Bones	11
Bowels	12, 74, 81
Brain	11
Bread	11, 80
„ Poultice	93
Breast, bandage for	29, 30
Breathing (*see* Respiration)	
Butter	11, 80, 82, 97, 99
Calcium	81
Capeline Bandages	19
Capillaries	13
Carbo-hydrates	80
Carbon-dioxide	42
Carbonic acid gas	14
Cerebro-spinal system	14
Changing Sheets	54
Chart, Daily	73, 74
Cheese	12, 80, 97

	Page
Chest	13, 14, 74
Children, food for	.. 82
Choice of sick-room	.. 39
Circulation of Blood	12, 13
Cleaning of sick-room	.. 41
„ „ teeth ..	7, 76, 77
Clinical Thermometer	.. 69
Cod Liver Oil ..	97, 99
Cold Applications	88, 89
„ Compress ..	.. 89
Collapse	.. 16
Collar-bone, bandage for	33
Compress, Cold ..	.. 89
Constipation ..	.. 74
Cooking	.. 84
Counter-irritant ..	.. 88
Counterpane ..	.. 49
Daily Chart ..	73, 74
„ Routine ..	.. 76
Dermis	.. 10
Diet	.. 80
Digestion	12, 84
Disease, Infectious	.. 95
Disinfectant ..	41, 96
Disinfection ..	95, 96, 97
Draw-sheet ..	.. 48
„ to change	55, 58, 59
Dressings ..	16, 21, 22, 94, 96
Dry Applications ..	45, 75, 88
Dusting of sick-room	41, 76
Ear, bandage for ..	.. 21
Eggs	80, 82, 97, 98, 99
Eiderdown ..	.. 49
Elbow, bandage for	.. 28
Energy	.. 80
Envelope corners for sheets and blankets ..	.. 50
Epidermis	.. 10
Excretion	12, 75
Expiration ..	.. 74
External applications	87, 88
Eye, bandage for ..	.. 22
Fats	80, 97
Feeder	.. 84
Feeding helpless patients	84
Figure-of-eight bandage	18, 28, 32
Fingers, bandage for	.. 23
Fish	83, 98
Fits	.. 71
Flesh	.. 11
Flowers	.. 46
Fomentations ..	.. 90
Food	11, 80, 96
„ cooking of ..	.. 84
„ serving of ..	.. 82
„ storing of ..	.. 83
Foot, bandage for	.. 32
Forearm, bandage for	.. 27
Fracture	57, 86
Functions of body	.. 9
Furniture in sick-room	39, 95
Fruit	81, 98
General Applications	.. 89
Germs ..	.. 82, 86, 95
Green Vegetables	.. 97
Groin, bandage for	.. 31
Hæmorrhage ..	.. 76
Hair, care of ..	7, 76, 77
Halibut Liver Oil	.. 99
Hand, bandage for	.. 26
Head, bandage for	.. 19

	Page
Health, Authority, Local	95
„ Ministry	82
Heat	80, 88
Heating	42, 45
Heart	11, 13, 73
Hip, bandage for	31
Home Nursing, scope of	6
Hot Applications	88, 90, 93
„ Bath	90
„ Fomentations	90
„ Water Bottles	45, 75
Ice-Bag	89
Ideal Feeder	84
Infection	7, 88, 95
Infectious Diseases	95
Inspiration	74
Internal Organs	9
Involuntary muscles	11
Iodine	81, 94
Iron	81
Isolation	95
Jaw, bandage for	34, 35
Kaolin poultice	93
Kidneys	12, 81
Knee, bandage for	28
Knee-pillow	63
Leg, bandage for	32
Light Diet	81
Liniments	94
Linseed poultice	91
Liquid diet	81
„ medicines	88
Local Applications	89
Local Health Authority	95
„ Sanitary Authority	97
Lungs	12, 13, 14
Mackintosh	48, 54, 55, 56, 57, 58, 59, 63, 75
Many-tailed bandages	36, 91, 92
Mattress	47, 48, 49, 51
Measure glass	88
Meat	11, 80, 83
Medicines	87
„ giving of	87
„ storage of	87
Mental rest	86
Methods of treatment	86
Milk	80, 81, 82
Mineral salts	80, 81
Ministry of Health	82
Moist applications	88
Mouth	12
„ care of	77
Muscles	9, 11
Mustard poultice	93
Nails, care of	7, 76
Nerves	11, 14
Normal temperature of body	69, 70
Normal pulse rate	73
Notification of infectious diseases	95
Nurse, advice to	7
„ duties of	6, 69, 76
„ qualities of	6
Observation of the sick	69
Ointment	75

	Page
Oxygen .. 12, 13, 14, 42	
Pasteurised milk	82
Perspiration	10
Physiology	9
Pillows 48, 52, 54, 55, 57, 63,	68
Plasters	86
Poison	86, 88
Poultices	91-94
Preparation of sick-room	39, 95
Proteins	80
Pulmonary circulation ..	14
Pulse	13, 73
„ rate of ..	13, 73
„ to take ..	73, 76
Qualities of a nurse ..	6
Rate of pulse ..	13, 73
„ of respiration ..	14
Recurrent bandage ..	23
Respiration .. 11,	14, 74
„ rate of ..	14
„ to count	74, 76
„ to record	74, 76
Rest	76, 86
Reverse spiral ..	18, 27
Rigors	75
Roller bandage	15
„ „ machine ..	15
Room thermometer ..	42
Roughage	81
Routine, daily	76
Rules for bandaging ..	16
Salts	80, 81
Sanitary Authority, local ..	97
Scope of Home Nursing	6
Sheets	48, 49
„ to change	54
„ to tuck in	49
Shivering	75
Shoulder, bandage for ..	28
Sick-room 39–46, 76, 83,	95, 96
Simple spiral ..	18, 23
Skeleton	9
Skin .. 10, 12, 75,	78, 79
Spatula	91
Spica	19
„ for groin	31
„ for hip	31
„ for shoulder ..	28
„ for thumb	25
Splints	16, 86
Stools	74
Starches	11, 80
Stomach	12
Storing of food	82
„ „ medicines ..	87
Structure of body ..	9
Sugar	80
Sunlight	95
Sweat (*see* Perspiration)	
Swelling	16
Sympathetic system ..	14
Systemic circulation ..	13
"T" bandage	37
Teeth, cleaning of	7, 76, 79
Temperature chart (*see* Daily Chart)	
Temperature of body 11,	69, 70
„ recording of	73, 76
„ to take ..	71, 76
Temperature of hot bath	90

	Page
Temperature of sick-room	42
Tendons	11
Thermometer, bath ..	90
„ clinical	69, 70, 71, 73
„ room ..	42
Thumb, bandage for ..	25
Tissues .. 11, 13,	80, 95
Top Sheet	49
„ to change ..	60
Treatment, methods of ..	86
Triangular bandages ..	15
Tuberculin tested milk ..	82
Unconscious patient ..	71
Under-blanket	48, 54, 55, 57
Under-sheet	48, 54, 55, 57
Urine	74
Vegetables	81 and appendix
Veins	13
Ventilation	39, 42, 82, 86
Vitamins	80, 81 and appendix
Voluntary muscles ..	11
Vomits	74
Washing patient ..	45, 76, 78
Water	80, 81, 95
Water-beds	75
Windows ..	43, 45, 51, 77, 78
Wrist	13, 73